Recipient Committee
Campaign Statement
Cover Page

Statement covers period
from 01/01/19
through 06/30/19

Date of election if applicable:
(Month, Day, Year) 2019

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

☑ Officeholder, Candidate Controlled Committee
☐ State Candidate Election Committee
☐ Recall
(Also Complete Part 5)
☐ Primarily Formed Ballot Measure Committee
☐ Controlled
☐ Sponsored
(Also Complete Part 6)
☐ General Purpose Committee
☐ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee
☐ Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:
☐ Preelection Statement
☐ Semi-annual Statement
☐ Termination Statement
☐ Amendment (Explain below)
☐ Quarterly Statement
☐ Special Odd-Year Report

3. Committee Information

I.D. NUMBER 1407622

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Aaron Starr for Oxnard Mayor 2018

STREET ADDRESS (NO P.O. BOX)
2130 Posada Drive

CITY STATE ZIP CODE AREA CODE/PHONE
Oxnard CA 93030 (805) 404-8693

MAILING ADDRESS (IF DIFFERENT) NO, AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS
Fax (805) 583-3337 StarrCPA@gmail.com

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 7/31/19
Date

By
Signature of Treasurer or Assistant Treasurer

Executed on 7/31/19
Date

By
Signature of Controlling Officerholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on
Date

By
Signature of Controlling Officerholder, Candidate, State Measure Proponent

Executed on
Date

By
Signature of Controlling Officerholder, Candidate, State Measure Proponent

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
### 5. Officeholder or Candidate Controlled Committee

**NAME OF OFFICEHOLDER OR CANDIDATE**

Aaron Starr

**OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)**

City of Oxnard Mayor

**RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP**

2130 Posada Drive Oxnard, CA 93030

**Related Committees Not Included in this Statement:** List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

**COMMITTEE NAME**

Oxnard Recall! Starr Coalition for Moving Oxnard Forward by Supporting the Recall of Mayor Flynn and Council Members Ramirez, Perello and Madrigal

**I.D. NUMBER**

1397803

**NAME OF TREASURER**

Desiree Griffin

**CONTROLLED COMMITTEE?**

☑ YES ☐ NO

**COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)**

2130 Posada Drive

**CITY STATE ZIP CODE AREA CODE/PHONE**

Oxnard CA 93030 (805) 404-8693

### 6. Primarily Formed Ballot Measure Committee

**NAME OF BALLOT MEASURE**


**BALLOT NO. OR LETTER JURISDICTION**

☐ SUPPORT ☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

**NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT**


**OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY**


### 7. Primarily Formed Candidate/Officeholder Committee

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

**NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD**

☐ SUPPORT ☐ OPPOSE

**NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD**

☐ SUPPORT ☐ OPPOSE

**NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD**

☐ SUPPORT ☐ OPPOSE

**NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD**

☐ SUPPORT ☐ OPPOSE

**COMMITTEE NAME**

Starr Coalition for Moving Oxnard Forward, a committee supporting Oxnard measures to fix streets, create financial transparency, improve council meeting accessibility, establish term limits and streamline building permits

**I.D. NUMBER**

1379154

**NAME OF TREASURER**

Steve Klinger

**CONTROLLED COMMITTEE?**

☑ YES ☐ NO

**COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)**

2130 Posada Drive

**CITY STATE ZIP CODE AREA CODE/PHONE**

Oxnard CA 93030 (805) 404-8693

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*Attach continuation sheets if necessary*
Contributions Received

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)</th>
<th>Column B CALENDAR YEAR TOTAL TO DATE</th>
<th>Calendar Year Summary for Candidates Running in Both the State Primary and General Elections</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monetary Contributions</td>
<td>$0.00</td>
<td>$0.00</td>
<td>1/1 through 6/30</td>
</tr>
<tr>
<td>2. Loans Received</td>
<td>$0.00</td>
<td>$73,150.69</td>
<td>1/1 through 6/30</td>
</tr>
<tr>
<td>3. SUBTOTAL CASH CONTRIBUTIONS</td>
<td>$0.00</td>
<td>$0.00</td>
<td>1/1 through 6/30</td>
</tr>
<tr>
<td>Nonmonetary Contributions</td>
<td>$0.00</td>
<td>$0.00</td>
<td>1/1 through 6/30</td>
</tr>
<tr>
<td>5. TOTAL CONTRIBUTIONS RECEIVED</td>
<td>$0.00</td>
<td>$73,150.69</td>
<td>1/1 through 6/30</td>
</tr>
</tbody>
</table>

Expenditures Made

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)</th>
<th>Column B CALENDAR YEAR TOTAL TO DATE</th>
<th>Expenditure Limit Summary for State Candidates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Payments Made</td>
<td>$299.37</td>
<td>$299.37</td>
<td>22. Cumulative Expenditures Made*</td>
</tr>
<tr>
<td>Loans Made</td>
<td>$0.00</td>
<td>$0.00</td>
<td>Date of Election (mm/dd/yy)</td>
</tr>
<tr>
<td>SUBTOTAL CASH PAYMENTS</td>
<td>$299.37</td>
<td>$299.37</td>
<td>$299.37</td>
</tr>
<tr>
<td>Accrued Expenses (Unpaid Bills)</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$299.37</td>
</tr>
<tr>
<td>Nonmonetary Adjustment</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$299.37</td>
</tr>
<tr>
<td>TOTAL EXPENDITURES MADE</td>
<td>$299.37</td>
<td>$299.37</td>
<td>Total to Date</td>
</tr>
</tbody>
</table>

Current Cash Statement

12. Beginning Cash Balance                           $1,929.96   
13. Cash Receipts                                   $0.00       
14. Miscellaneous Increases to Cash                 $0.00       
15. Cash Payments                                   $299.37     
16. ENDING CASH BALANCE                             $1,630.59   

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

Cash Equivalents and Outstanding Debts

18. Cash Equivalents                                $0.00       
19. Outstanding Debts                               $73,150.69  

If this is a termination statement, Line 16 must be zero.

*Amounts in this section may be different from amounts reported in Column B.
Schedule B – Part 1
Loans Received

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Aaron Starr for Oxnard Mayor 2018

<table>
<thead>
<tr>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th>
<th>(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD</th>
<th>(b) AMOUNT RECEIVED THIS PERIOD</th>
<th>(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*</th>
<th>(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD</th>
<th>(e) INTEREST PAID THIS PERIOD</th>
<th>(f) ORIGINAL AMOUNT OF LOAN</th>
<th>(g) CUMULATIVE CONTRIBUTIONS TO DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aaron Starr</td>
<td>Controller Haas Automation</td>
<td>$73150.69</td>
<td>$0</td>
<td>$73150.69</td>
<td>0%</td>
<td>$10,000</td>
<td>CALENDAR YEAR</td>
<td>$PER ELECTION**</td>
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<tr>
<td>1 IND</td>
<td>0 COM</td>
<td>0 OTH</td>
<td>0 PTY</td>
<td>0 SCC</td>
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</tbody>
</table>

SUBTOTALS $73150.69

Schedule B Summary
1. Loans received this period..........................$0
(Total Column (b) plus unitemized loans of less than $100.)

2. Loans paid or forgiven this period..........................$0
(Total Column (c) plus loans under $100 paid or forgiven.)
(Includes loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.)..................................................NET $0
(Enter (e) on Schedule E, Line 3)

*Amounts forgiven or paid by another party also must be reported on Schedule A.
**If required.

Contributor Codes
IND – Individual
COM – Recipient Committee
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

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www.fppc.ca.gov
## Schedule E
### Payments Made

**NAME OF FILER**: Aaron Starr for Oxnard Mayor 2018

**STATEMENT COVERS PERIOD**: from 01/01/19 through 06/30/19

**CODES**: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- CMP: campaign paraphernalia/misc.
- CNS: campaign consultants
- CTB: contribution (explain nonmonetary)*
- CVC: civic donations
- FIL: candidate filing/ballot fees
- FND: fundraising events
- IND: independent expenditure supporting/opposing others (explain)*
- LEG: legal defense
- LIT: campaign literature and mailings
- MBR: member communications
- MTG: meetings and appearances
- OFC: office expenses
- PET: petition circulating
- PHO: phone banks
- POL: polling and survey research
- POS: postage, delivery and messenger services
- PRO: professional services (legal, accounting)
- PRT: print ads
- RAD: radio airtime and production costs
- RFD: returned contributions
- SAL: campaign workers' salaries
- TEL: t.v. or cable airtime and production costs
- TRC: candidate travel, lodging, and meals
- TRS: staff/spouse travel, lodging, and meals
- TSF: transfer between committees of the same candidate/sponsor
- VOT: voter registration
- WEB: information technology costs (internet, e-mail)

### NAME AND ADDRESS OF PAYEE

<table>
<thead>
<tr>
<th>PAYEE</th>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Desiree Griffin dba Team Bookkeeping</td>
<td>PRO</td>
<td></td>
<td>143.00</td>
</tr>
<tr>
<td>1511 Via La Silva</td>
<td></td>
<td></td>
<td>Camarillo, CA 93010</td>
</tr>
<tr>
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</tr>
</tbody>
</table>

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

<table>
<thead>
<tr>
<th><strong>SCHEDULE E SUMMARY</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Itemized payments made this period. (Include all Schedule E subtotals.)</td>
</tr>
<tr>
<td>2. Unitemized payments made this period of under $100</td>
</tr>
<tr>
<td>3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)</td>
</tr>
<tr>
<td>4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)</td>
</tr>
</tbody>
</table>

FPPC Form 460 (Jan/2016)

**FPPC Advice**: advice@fppc.ca.gov (866/275-3772)

[www.fppc.ca.gov](http://www.fppc.ca.gov)