Recipient Committee  
Campaign Statement  
Cover Page

Statement covers period  
from 07/01/2020 through 09/19/2020

Date of election if applicable (Month, Day, Year)  
11/03/2020

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee:  
☐ Officeholder, Candidate Controlled Committee  
☐ State Candidate Election Committee  
☐ Recall  
(Also Complete Part 5)

☐ General Purpose Committee  
☐ Sponsored  
☐ Small Contributor Committee  
(Also Complete Part 5)

☑ Primarily Formed Ballot Measure Committee  
☐ Controlled  
☐ Sponsored  
(Also Complete Part 5)

☐ Primarily Formed Candidate/Officeholder Committee  
(Also Complete Part 5)

2. Type of Statement:  
☑ Pre-election Statement  
☐ Semi-annual Statement  
☐ Termination Statement  
(Also file a Form 410 Termination)  
☐ Amendment (Explain below)

3. Committee Information  
I.D. NUMBER  
1397803

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Oxnard Recall  
Starr Coalition for Moving Oxnard Forward by Supporting the  
Recall of Mayor Flynn and Council Members Ramirez, Perello and MacRigal

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

CITY  
Oxnard

STATE  
CA

ZIP CODE  
93030

AREA CODE/PHONE  
(805) 404-8693

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

CITY  

STATE  

ZIP CODE  

AREA CODE/PHONE

MAILING ADDRESS  
1511 Via La Silva  
Camarillo

CITY  

STATE  
CA

ZIP CODE  
93010

AREA CODE/PHONE  
(805) 377-2628

MAILING ADDRESS

3. Committee Information  
I.D. NUMBER  
1397803

COMMIIITEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Oxnard Recall  
Starr Coalition for Moving Oxnard Forward by Supporting the  
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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.

Redacted  
Executed on 07/01/2020  
By  
Signature of Treasurer

Redacted  
Executed on 09/19/2020  
By  
Signature of Controlling Officer/Candidate, State Measure Proponent or Responsible Officer of Sponsor

Redacted  
Executed on 09/19/2020  
By  
Signature of Controlling Officer/Candidate, State Measure Proponent

Redacted  
Executed on 09/19/2020  
By  
Signature of Controlling Officer/Candidate, State Measure Proponent

FPPC Form 460 (Jan/2016)  
FPPC Advice: advice@fppc.ca.gov (856)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)**

Oxnard City Council, District 3

**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**

Aaron Starr for Oxnard Mayor 2018

**I.D. NUMBER**

1407622

**NAME OF TREASURER**

Desiree Griffin

**CONTROLLED COMMITTEE?**

✔ YES ☐ NO

**COMMITTEE ADDRESS**

2130 Posada Drive

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

Oxnard CA 93030

**AREA CODE/PHONE**

(805) 404-8693

6. **Primarily Formed Ballot Measure Committee**

**NAME OF BALLOT MEASURE**

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

**BALLOT NO. OR LETTER**

**JURISDICTION**

☑ SUPPORT ☐ OPPOSE

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

**NAME OF OFFICEHOLDER, CANDIDATE, OR PROPOVIENT**

Aaron Starr

**OFFICE SOUGHT OR HELD**

Oxnard City Council

**DISTRICT NO. IF ANY**

District 3

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**

**CONTROLLED COMMITTEE?**

✔ YES ☐ NO

**COMMITTEE ADDRESS**

2130 Posada Drive

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

Oxnard CA 93030

**AREA CODE/PHONE**

(805) 404-8693

---

Attach continuation sheets if necessary

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

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)</td>
<td></td>
</tr>
<tr>
<td>RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)</td>
<td>CITY</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>COMMITTEE NAME</th>
<th>I.D. NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aaron Starr for Oxnard City Council 2020</td>
<td>1426407</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NAME OF TREASURER</th>
<th>CONTROLLED COMMITTEE?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Desiree Griffin</td>
<td>YES</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>COMMITTEE ADDRESS</th>
<th>STREET ADDRESS (NO P.O. BOX)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2130 Posada Drive</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
<th>AREA CODE/PHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oxnard</td>
<td>CA</td>
<td>93030</td>
<td>(805) 404-8693</td>
</tr>
</tbody>
</table>

6. Primarily Formed Ballot Measure Committee

<table>
<thead>
<tr>
<th>NAME OF BALLOT MEASURE</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>BALLOT NO. OR LETTER</td>
<td>JURISDICTION</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER, CANDIDATE, OR PROONENT</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>OFFICE SOUGHT OR HELD</td>
<td>DISTRICT NO. IF ANY</td>
</tr>
</tbody>
</table>

7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
<th>SUPPORT</th>
<th>OPPOSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME OF OFFICEHOLDER OR CANDIDATE</td>
<td>OFFICE SOUGHT OR HELD</td>
<td>SUPPORT</td>
<td>OPPOSE</td>
</tr>
<tr>
<td>NAME OF OFFICEHOLDER OR CANDIDATE</td>
<td>OFFICE SOUGHT OR HELD</td>
<td>SUPPORT</td>
<td>OPPOSE</td>
</tr>
</tbody>
</table>

Attach continuation sheets if necessary
### Contributions Received

<table>
<thead>
<tr>
<th></th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Monetary Contributions</td>
<td>Schedule A, Line 3</td>
<td>$0.00</td>
</tr>
<tr>
<td>2. Loans Received</td>
<td>Schedule B, Line 3</td>
<td>$0.00</td>
</tr>
<tr>
<td>3. SUBTOTAL CASH CONTRIBUTIONS</td>
<td>Add Lines 1 + 2</td>
<td>$0.00</td>
</tr>
<tr>
<td>4. Nonmonetary Contributions</td>
<td>Schedule C, Line 3</td>
<td>$0.00</td>
</tr>
<tr>
<td>5. TOTAL CONTRIBUTIONS RECEIVED</td>
<td>Add Lines 3 + 4</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

### Expenditures Made

<table>
<thead>
<tr>
<th></th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. Payments Made</td>
<td>Schedule E, Line 4</td>
<td>$0.00</td>
</tr>
<tr>
<td>7. Loans Made</td>
<td>Schedule H, Line 3</td>
<td>$0.00</td>
</tr>
<tr>
<td>8. SUBTOTAL CASH PAYMENTS</td>
<td>Add Lines 6 + 7</td>
<td>$0.00</td>
</tr>
<tr>
<td>9. Accrued Expenses (Unpaid Bills)</td>
<td>Schedule F, Line 3</td>
<td>$0.00</td>
</tr>
<tr>
<td>10. Nonmonetary Adjustment</td>
<td>Schedule C, Line 3</td>
<td>$0.00</td>
</tr>
<tr>
<td>11. TOTAL EXPENDITURES MADE</td>
<td>Add Lines 8 + 9 + 10</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

### Current Cash Statement

<table>
<thead>
<tr>
<th></th>
<th>Column A</th>
</tr>
</thead>
<tbody>
<tr>
<td>12. Beginning Cash Balance</td>
<td>Previous Summary Page, Line 16</td>
</tr>
<tr>
<td>13. Cash Receipts</td>
<td>Column A, Line 3 above</td>
</tr>
<tr>
<td>14. Miscellaneous Increases to Cash</td>
<td>Schedule I, Line 4</td>
</tr>
<tr>
<td>15. Cash Payments</td>
<td>Column A, Line 8 above</td>
</tr>
<tr>
<td>16. ENDING CASH BALANCE</td>
<td>Add Lines 12 + 13 + 14, then subtract Line 15</td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th></th>
<th>Column A</th>
</tr>
</thead>
<tbody>
<tr>
<td>18. Cash Equivalents</td>
<td>See instructions on reverse</td>
</tr>
<tr>
<td>19. Outstanding Debts</td>
<td>Add Line 2 + Line 9 in Column B above</td>
</tr>
</tbody>
</table>

### Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

<table>
<thead>
<tr>
<th></th>
<th>1/1 through 6/30</th>
<th>7/1 to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>20. Contributions Received</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>21. Expenditures Made</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

### Expenditure Limit Summary for State Candidates

<table>
<thead>
<tr>
<th></th>
<th>Date of Election (mm/dd/yyyy)</th>
<th>Total to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>22. Cumulative Expenditures Made*</td>
<td></td>
<td>$</td>
</tr>
</tbody>
</table>

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

**Amounts may be rounded to whole dollars.**

**Statement covers period**
- **from:** 07/01/2020
- **through:** 09/19/2020

**CALIFORNIA FORM 460**
- **Page:** 5 of 5
- **I.D. NUMBER:** 1379803

### Full Name, Street Address, and ZIP Code

<table>
<thead>
<tr>
<th>Name</th>
<th>Street Address</th>
<th>ZIP Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aaron Starr</td>
<td></td>
<td>93030</td>
</tr>
<tr>
<td>Redacted</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER

| Occupation         | OutStanding Balance Beginning This Period | Amount Paid or Forgiven This Period | Amount Paid or Forgiven at Close of This Period | Interest Paid This Period
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Controller</td>
<td>130,000</td>
<td>0</td>
<td>$130,000</td>
<td>$0</td>
</tr>
</tbody>
</table>

### Notary Codes

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

### Schedule B Summary

1. Loans received this period...

   (Total Column (b) plus unitemized loans of less than $100.)

2. Loans paid or forgiven this period...

   (Total Column (c) plus loans under $100 paid or forgiven.)

   (Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. **(Subtract** Line 2 from Line 1.)

   Enter the net here and on the Summary Page, Column A, Line 2.

---

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

**If required.