Recipient Committee  
Campaign Statement  
Cover Page  

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

Date of election if applicable:  
11/03/2020  

1. Type of Recipient: Committee: All Committees - Complete Parts 1, 2, 3, and 4.  
- [ ] Officeholder, Candidate Controlled Committee  
- [ ] Primarily Formed Ballot Measure Committee  
- [ ] General Purpose Committee  
- [ ] Primarily Formed Candidate/Officeholder Committee  
- [ ] State Candidate Election Committee  
- [X] Recalled (Also Complete Part 5)  
- [ ] Controlled (Also Complete Part 5)  
- [ ] Sponsored  
- [ ] Small Contributor Committee  
- [ ] Primarily Formed Candidate/Officeholder Committee (Also Complete Part 7)  

2. Type of Statement:  
- [ ] Pre-election Statement  
- [ ] Semi-annual Statement  
- [ ] Amendment (Explain below)  
- [ ] Quarterly Statement  
- [ ] Special Odd-Year Report  
- [ ] Termination Statement (Also file a Form 410 Termination)  

3. Committee Information  

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

STREET ADDRESS (NO PO. 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 PO. BOX  
1511 Via La Silva  

CITY  
Camarillo  
STATE  
CA  
ZIP CODE  
93010  
AREA CODE/PHONE  
(805) 377-2628  

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 09/24/2020  
Executed on 09/24/2020  
Executed on 09/24/2020  
Executed on 09/24/2020  
Executed on 09/24/2020  

By  
Signature of Treasurer or Assistant Treasurer  
Signature of Controlling Officer(s), Candidate, State Measure Proponent or Responsible Officer of Sponsor  
Signature of Controlling Officer(s), Candidate, State Measure Proponent  
Signature of Controlling Officer(s), Candidate, State Measure Proponent  
Signature of Controlling Officer(s), Candidate, State Measure Proponent  

FFPC 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 OFFICER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)</th>
<th>RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aaron Starr</td>
<td>Oxnard City Council, District 3</td>
<td>2130 Posada Drive</td>
<td>Oxnard</td>
<td>CA</td>
<td>93030</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>CONTROLLED COMMITTEE?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oxnard Recall: Start Coalition for Moving Oxnard Forward by Supporting the Recall of Mayor Flynn and Council Members Perello and Madrigal</td>
<td>YES</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NAME OF TREASURER</th>
<th>I.D. NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Desiree Griffin</td>
<td>1397803</td>
</tr>
</tbody>
</table>

6. Primarily Formed Ballot Measure Committee

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

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

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

Attach continuation sheets if necessary
### 5. Officeholder or Candidate Controlled Committee

**NAME OF OFFICEHOLDER OR CANDIDATE**

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

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

**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 City Council, District 3

**I.D. NUMBER**

1426407

**NAME OF TREASURER**

Desiree Griffin

**CONTROLLED COMMITTEE?**

☑ YES ☐ NO

**COMMITTEE ADDRESS**

2130 Posada Drive

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

Oxnard

**CITY**

CA

**STATE**

93030

**ZIP CODE**

(805) 404-8693

**AREA CODE/PHONE**

### 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

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☐ SUPPORT ☐ OPPOSE

**NAME OF OFFICEHOLDER OR CANDIDATE**

**OFFICE SOUGHT OR HELD**

☐ SUPPORT ☐ OPPOSE

Attach continuation sheets if necessary

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
### Contributions Received

<table>
<thead>
<tr>
<th>Description</th>
<th>Schedule/Line</th>
<th>Column A (Total This Period)</th>
<th>Column B (Calendar Year Total to Date)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monetary Contributions</td>
<td>Schedule A, Line 3</td>
<td>$250.00</td>
<td>$250.00</td>
</tr>
<tr>
<td>Loans Received</td>
<td>Schedule B, Line 3</td>
<td>$0.00</td>
<td>$73,150.69</td>
</tr>
<tr>
<td>Subtotal Cash Contributions</td>
<td>Add Lines 1 + 2</td>
<td>$250.00</td>
<td>$73,400.69</td>
</tr>
<tr>
<td>Nonmonetary Contributions</td>
<td>Schedule C, Line 3</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Total Contributions Received</td>
<td>Add Lines 3 + 4</td>
<td>$250.00</td>
<td>$73,400.69</td>
</tr>
</tbody>
</table>

### Expenditures Made

<table>
<thead>
<tr>
<th>Description</th>
<th>Schedule/Line</th>
<th>Column A (Total This Period)</th>
<th>Column B (Calendar Year Total to Date)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Payments Made</td>
<td>Schedule E, Line 4</td>
<td>$0.00</td>
<td>$200.00</td>
</tr>
<tr>
<td>Loans Made</td>
<td>Schedule H, Line 3</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Subtotal Cash Payments</td>
<td>Add Lines 6 + 7</td>
<td>$0.00</td>
<td>$200.00</td>
</tr>
<tr>
<td>Accrued Expenses (Unpaid Bills)</td>
<td>Schedule F, Line 3</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Nonmonetary Adjustment</td>
<td>Schedule C, Line 3</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Total Expenditures Made</td>
<td>Add Lines 8 + 9 + 10</td>
<td>$0.00</td>
<td>$200.00</td>
</tr>
</tbody>
</table>

### Current Cash Statement

12. Beginning Cash Balance | Previous Summary Page, Line 16 | $1,295.09 |
13. Cash Receipts | Column A, Line 3 above | $250.00 |
14. Miscellaneous Increases to Cash | Schedule I, Line 4 | $0.00 |
15. Cash Payments | Column A, Line 8 above | $0.00 |
16. Ending Cash Balance | Add Lines 12 + 13 + 14, then subtract Line 15 | $1,545.09 |

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

17. Loan Guarantees Received | Schedule B, Part 2 | $0.00 |

### Cash Equivalents and Outstanding Debts

18. Cash Equivalents | See instructions on reverse | $0.00 |
19. Outstanding Debts | Add Line 2 + Line 9 in Column B above | $73,150.69 |

---

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

- Contributions Received: $\_\_\_\_\_\_\_\_\_
- Expenditures Made: $\_\_\_\_\_\_\_\_\_

**Expenditure Limit Summary for State Candidates**

- Cumulative Expenditures Made (if subject to voluntary expenditure limit):
  - Date of Election (mm/dd/yy): $\_\_\_\_\_\_\_\_\_
  - Total to Date: $\_\_\_\_\_\_\_\_\_

*Amounts in this section may be different from amounts reported in Column B.*

---

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
## Schedule A
Monetary Contributions Received

Amounts may be rounded to whole dollars.

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (OF COMMITTEE, ALSO ENTER ID. NUMBER)</th>
<th>CONTRIBUTOR CODE *</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME)</th>
<th>AMOUNT RECEIVED THIS PERIOD</th>
<th>CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
</tr>
</thead>
</table>
| 07/11/2020    | Mark Rutherford Redacted
Indianapolis, IN 46204                                                            | ☑ IND                                                                 | Attorney Thrasher, Buschmann & Voelkel, PC | 250.00                       | 250.00                                       |                                   |

**Schedule A Summary**

1. Amount received this period – itemized monetary contributions.
   (Include all Schedule A subtotals.) ............................................................. $ 250.00

2. Amount received this period – unitemized monetary contributions of less than $100 ........................................ $ 0.00

3. Total monetary contributions received this period.
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) .................. TOTAL $ 250.00

*Contributor Codes

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

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
Schedule B – Part 1
Loans Received

Amounts may be rounded to whole dollars.

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

Full Name, Street Address and Zip Code
IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER
OF LENDER
OF SELF-EMPLOYED, ENTER NAME OF BUSINESS)

<table>
<thead>
<tr>
<th>Name</th>
<th>Occupation</th>
<th>Outstanding Balance Beginning This Period</th>
<th>Amount Paid or Forgiven This Period</th>
<th>Outstanding Balance at Close of This Period</th>
<th>Interest Paid This Period</th>
<th>Original Amount of Loan</th>
<th>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>$10,000</td>
<td>CALENDAR YEAR</td>
<td></td>
</tr>
<tr>
<td>Redacted</td>
<td></td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Schedule B Summary
1. Loans received this period...........................................$ 0.00
   (Total Column (b) plus unitemized loans of less than $100.)
2. Loans paid or forgiven this period...................................$ 0.00
   (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)...........NET $ 0.00
   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.

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

FPPC Form 460 (Jan/2016)
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www.fppc.ca.gov