Recipient Committee  
Campaign Statement  
Cover Page

Statement covers period  
from 09/20/2020  
through 10/17/2020

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

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)

☐ General Purpose Committee  
☐ Sponsored  
☐ Small Contributor Committee  
☐ Political Party/Central Committee

☐ Primarily Formed Ballot Measure Committee  
☐ Controlled  
☐ Sponsored  
(Also Complete Part 8)

☐ 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)

Redacted

CITY  STATE  ZIP CODE  AREA CODE/PHONE

Oxnard  CA  93030  (805) 404/8693

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

Redacted

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 10/20/2020  Date

Executed on 10/26/2020  Date

Executed on  Date

Executed on  Date

By  

Signature of Controlling Candidate, Candidate, State Measure Proponent or Responsible Official of Sponsor

By  

Signature of Controlling Candidate, Candidate, State Measure Proponent

By  

Signature of Controlling Candidate, 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

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Aaron Starr</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Oxnard City Council, District 3</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Redacted</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>I.D. NUMBER</th>
<th>NAME OF TREASURER</th>
<th>STREET ADDRESS (NO P.O. BOX)</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
<th>AREA CODE/PHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oxnard Recall: Starr Coalition for Moving Oxnard Forward by Supporting the Recall of Mayor Flynn and Council Members Ramirez, Perello and Madrigal</td>
<td>1397803</td>
<td>Desiree Griffin</td>
<td>Redacted</td>
<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>
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</thead>
</table>

<table>
<thead>
<tr>
<th>BALLOT NO. OR LETTER</th>
<th>JURISDICTION</th>
<th>SUPPORT</th>
<th>OPPOSE</th>
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</thead>
<tbody>
<tr>
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</table>

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

<table>
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<tr>
<th>NAME OF OFFICER/HOLDER, CANDIDATE, OR PROponent</th>
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<tr>
<th>OFFICE SOUGHT OR HELD</th>
<th>DISTRICT NO. IF ANY</th>
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<tr>
<td></td>
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</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>
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</table>

**Committee Address:**

<table>
<thead>
<tr>
<th>COMMITTEE NAME</th>
<th>I.D. NUMBER</th>
<th>NAME OF TREASURER</th>
<th>STREET ADDRESS (NO P.O. BOX)</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Starr Coalition for Moving Oxnard Forward, a committee opposing Measure S; supporting Measures P, L, M and N</td>
<td>1379154</td>
<td>Steve Klinger</td>
<td>Redacted</td>
<td>Oxnard</td>
<td>CA</td>
<td>93030</td>
</tr>
</tbody>
</table>

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<td>Oxnard</td>
<td>CA</td>
<td>93030</td>
<td>(805) 404-8693</td>
</tr>
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</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 STREET ADDRESS (NO P.O. BOX)

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

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Attach continuation sheets if necessary
## Contributions Received

1. Monetary Contributions ........................................... Schedule A, Line 3 $ 0.00 $ 250.00
2. Loans Received .................................................. Schedule B, Line 3 $ 0.00 $ 73,150.69
3. SUBTOTAL CASH CONTRIBUTIONS .......................... Add Lines 1 + 2 $ 0.00 $ 73,400.69
4. Nonmonetary Contributions ............................... Schedule C, Line 3 $ 0.00 $ 0.00
5. TOTAL CONTRIBUTIONS RECEIVED ...................... Add Lines 3 + 4 $ 0.00 $ 73,400.69

## Expenditures Made

6. Payments Made ............................................... Schedule E, Line 4 $ 0.00 $ 200.00
7. Loans Made ..................................................... Schedule H, Line 3 $ 0.00 $ 0.00
8. SUBTOTAL CASH PAYMENTS ............................. Add Lines 6 + 7 $ 0.00 $ 200.00
9. Accrued Expenses (Unpaid Bills) ......................... Schedule F, Line 3 $ 0.00 $ 0.00
10. Nonmonetary Adjustment .................................. Schedule C, Line 3 $ 0.00 $ 0.00
11. TOTAL EXPENDITURES MADE ............................. Add Lines 8 + 9 + 10 $ 0.00 $ 200.00

## Current Cash Statement

12. Beginning Cash Balance ................................. Previous Summary Page, Line 16 $ 1,545.09
13. Cash Receipts ................................................ Column A, Line 3 above 0.00 0.00
14. Miscellaneous Increases to Cash ......................... Schedule I, Line 4 0.00 0.00
15. Cash Payments ............................................... Column A, Line 8 above 0.00 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.*

## Cash Equivalents and Outstanding Debts

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

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

<table>
<thead>
<tr>
<th>Description</th>
<th>Total to Date</th>
<th>Date of Election (mm/dd/yy)</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**

22. Cumulative Expenditures Made*  
   (If Subject to Voluntary Expenditure Limit)  
   $                         

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

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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 09/20/2020**
- **through 10/17/2020**

**California Form 460**

| FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER |
| IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (OR SELF-EMPLOYED, ENTER NAME OF BUSINESS) | OUTSTANDING BALANCE BEGINNING THIS PERIOD | AMOUNT RECEIVED THIS PERIOD | AMOUNT PAID OR FORGIVEN THIS PERIOD* | OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | INTEREST PAID THIS PERIOD | ORIGINAL AMOUNT OF LOAN | CUMULATIVE CONTRIBUTIONS TO DATE |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Aaron Starr**
Oxnard, CA 93030

Controller
Haas Automation | $73150.69 | 0 | $73150.69 | 0 | 0 | $10,000 | $0 | $0 | **IND**
COM OTH PTY SCC |
| **$** | **$** | **$** | **$** | **$** | **$** | **$** | **$** | **$** |

| **SUBTOTALS** | **$** | **$** | **$73150.69** | **$** |

**Schedule B Summary**

1. Loans received this period ($Total Column (b) plus itemized loans of less than $100.)
   $0.00

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.)
   $0.00

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.

   *(May be a negative number)*

---

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

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