**Statement of Organization**

**Recipient Committee**

**Statement Type** Initial

- Not yet qualified

- Amendment

- Termination – See Part 5

- List I.D. number: 

- List I.D. number: 

- Date qualified as committee

- Date qualified as committee (if applicable)

- Date of Termination

---

**1. Committee Information**

<table>
<thead>
<tr>
<th>NAME OF COMMITTEE</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>STARR COALITION FOR MOVING OXNARD FORWARD</td>
<td>2130 POSADA DRIVE</td>
<td>OXNARD</td>
<td>CA</td>
<td>93030</td>
<td>(805)404-8693</td>
</tr>
</tbody>
</table>

**Mailing Address (if different)**

- FAX/E-MAIL ADDRESS

**Jurisdiction Where Committee is Active**

- COUNTY OF DOMICILE: VENTURA

- CITY: OXNARD

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**2. Treasurer and Other Principal Officers**

<table>
<thead>
<tr>
<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>STEVEN KLINGER</td>
<td>790 ALOHA STREET</td>
<td>CAMARILLO</td>
<td>CA</td>
<td>93010</td>
<td>(805)910-8911</td>
</tr>
</tbody>
</table>

**Name of Assistant Treasurer, if any**

- DESIREE GRIFFIN

**Street Address (no P.O. box)**

- 1511 VIA LA SILVA

**City**

- CAMARILLO

**State**

- CA

**ZIP Code**

- 93010

**Area Code/Phone**

- (805)377-2628

**Name of Principal Officer(s)**

- AARON STARR

**Street Address (no P.O. box)**

- 2130 POSADA DRIVE

**City**

- OXNARD

**State**

- CA

**ZIP Code**

- 93030

**Area Code/Phone**

- (805)404-8693

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**3. Verification**

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein 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 **8/18/2015** By **DESIREE GRIFFIN**

- Executed on **8/18/2015** By **AARON STARR**

- Executed on **DATE** By **SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPONENT**

- Executed on **DATE** By **SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPONENT**

- Executed on **DATE** By **SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPONENT**

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**FPPC Form 410 (Dec/2012)**

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

**www.fppc.ca.gov**
### Statement of Organization
Recipient Committee

**INSTRUCTIONS ON REVERSE**

**Committee Name:**

STARR COALITION FOR MOVING OXNARD FORWARD

- All committees must list the financial institution where the campaign bank account is located.

<table>
<thead>
<tr>
<th>Name of Financial Institution</th>
<th>Area Code/Phone</th>
<th>Bank Account Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**4. Type of Committee**

**Controlled Committee**

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.

- List the political party with which each officeholder or candidate is affiliated or check “nonpartisan.”

- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

<table>
<thead>
<tr>
<th>Name of Candidate/Officeholder/State Measure Proponent</th>
<th>Elective Office Sought or Held (Include District Number if Applicable)</th>
<th>Year of Election</th>
<th>Party</th>
</tr>
</thead>
<tbody>
<tr>
<td>AARON STARR</td>
<td>OXNARD CITY COUNCIL</td>
<td>2016</td>
<td>☑ Nonpartisan</td>
</tr>
</tbody>
</table>

**Primarily Formed Committee**

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

<table>
<thead>
<tr>
<th>Candidate(s) Name or Measure(s) Full Title (Include Ballot No. or Letter)</th>
<th>Candidate(s) Office Sought or Held or Measure(s) Jurisdiction (Include District No., City or County, as Applicable)</th>
<th>Support</th>
<th>Oppose</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME
STARR COALITION FOR MOVING OXNARD FORWARD

4. Type of Committee (Continued)

General Purpose Committee
Not formed to support or oppose specific candidates or measures in a single election. Check only one box:
☐ CITY Committee  ☐ COUNTY Committee  ☐ STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

SUPPORT MEASURES TO ENHANCE JOB CREATION AND IMPROVE CITY HALL EFFICIENCY & ACCOUNTABILITY

Sponsored Committee
List additional sponsors on an attachment.

NAME OF SPONSOR
MOVING OXNARD FORWARD
INDUSTRY GROUP OR AFFILIATION OF SPONSOR
NONPROFIT CORPORATION

STREET ADDRESS
2130 POSADA DRIVE
CITY
OXNARD
STATE
CA
ZIP CODE
93030

5. Termination Requirements
By signing the verification, the treasurer, assistant treasurer and/or candidate, officers, disavow all debt, and are prohibited from receiving contributions or making expenditures in the future.
This committee has eliminated or has no intention or ability to discharge all debts, and other obligations;
This committee has no surplus funds; and
This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.

- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
- Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.

Date qualified

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