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COPY

Statement of Organization Recipient Committee

Statement Type **Initial** **Amendment** **Termination – See Part 5**

Not yet qualified or

_____/_____/_____
Date qualified as committee

List I.D. number: # _____
Date qualified as committee (if applicable) _____/_____/_____

List I.D. number: # _____
Date of Termination _____/_____/_____

Date Stamp CITY OF OXNARD CITY CLERK 2015 AUG 10 P 4:03	CALIFORNIA FORM 410 <small>For Official Use Only</small> RECEIVED AND FILED <small>in the office of the Secretary of State of the State of California</small> AUG 11 2015
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1. Committee Information	2. Treasurer and Other Principal Officers
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NAME OF COMMITTEE
STARR COALITION FOR MOVING OXNARD FORWARD

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) _____

FAX / E-MAIL ADDRESS _____

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
VENTURA	OXNARD

NAME OF TREASURER
STEVEN KLINGER

STREET ADDRESS (NO P.O. BOX)
790 ALOHA STREET

CITY	STATE	ZIP CODE	AREA CODE/PHONE
CAMARILLO	CA	93010	(805)910-8911

NAME OF ASSISTANT TREASURER, IF ANY
DESIREE GRIFFIN

STREET ADDRESS (NO P.O. BOX)
1511 VIA LA SILVA

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

NAME OF PRINCIPAL OFFICER(S)
AARON STARR

STREET ADDRESS (NO P.O. BOX)
2130 POSADA DRIVE

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

Attach additional information on appropriately labeled continuation sheets.

B. 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 8/8/2015 By Desiree Griffin
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 8/8/2015 By Aaron Starr
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

STARR COALITION FOR MOVING OXNARD FORWARD

I.D. NUMBER

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

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER
ADDRESS	CITY	STATE ZIP CODE

4. Type of Committee Complete the applicable sections.

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.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
AARON STARR	OXNARD CITY COUNCIL	2016	<input checked="" type="checkbox"/> Nonpartisan
			<input type="checkbox"/> Nonpartisan

Primarily Formed Committee

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

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>

**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

NO. AND STREET

CITY

STATE

ZIP CODE

2130 POSADA DRIVE

OXNARD

CA

93030

Small Contributor Committee

_____/_____/_____
Date qualified

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officerholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
 - This committee does not anticipate receiving contributions or making expenditures in the future;
 - This committee has eliminated or has no intention or ability to discharge all debts, loans received, 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.