1. Committee Information

NAME OF COMMITTEE
STARR COALITION FOR MOVING OXNARD FORWARD
OFFICE ADDRESS (AND FULL MAILING)
2130 POSADA DRIVE

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

MAILING ADDRESS OF COMMITTEE

TAX/STATE ID ADDRESS

COUNTY OF DOMICILE
VENTURA
JURISDICTION WHERE COMMITTEE IS ACTIVE
OXNARD

2. Treasurer and Other Principal Officers

NAME OF TREASURER
STEVEN KLINGER
STREET ADDRESS (AND FULL MAILING)
790 ALOHA STREET

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

NAME OF ASSISTANT TREASURER, IF ANY
DESIREE GRIFFIN
STREET ADDRESS (AND FULL MAILING)
1511 VIA LA SILVA

CITY
CAMARILLO
STATE
CA
ZIP CODE
93010
AREA CODE/PHONE
(805)377-2626

NAME OF PRINCIPAL OFFICER
AARON STARR
STREET ADDRESS (AND FULL MAILING)
2130 POSADA DRIVE

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

Attach additional information on appropriately labeled continuation sheets.

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 8/8/2015 by [Signature]

Executed on 3/6/2015 by [Signature]

Executed on [Date] by [Signature]

Executed on [Date] by [Signature]

FPPC Form 410 (Rev/2012)
FPPC Advice: advice@ffpc.ca.gov (800/276-3772)
www.ffpc.ca.gov
Statement of Organization
Recipient Committee

NAME OF COMMITTEE
STARR COALITION FOR MOVING OXNARD FORWARD

• 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

CALIFORNIA FORM 410 Page 2

4. Type of Committee: Complete the applicable section.

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 PROONENT</th>
<th>ELECTION 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 MEASUREMENTS FULL TITLE (INCLUDE BALLOT NO. OR LETTER)</th>
<th>CANDIDATE(S) OFFICE Sought OR HELD OR MEASUREMENTS JURISDICTION (INCLUDE DISTRICT NO. OR CITY, 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>

FPPC Form 410 (Dec/2012)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
Statement of Organization
Recipient Committee

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
NONPROFIT CORPORATION

STREET ADDRESS: 2130 POŠADA DRIVE
CITY: OXNARD
STATE: CA
ZIP CODE: 93030

5. Termination Requirements: By signing this statement, the registrant certifies that the committee has ceased to receive contributions and make expenditures; this committee has eliminated or has no intention or ability to discharge all debt; 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 18608 and FPPC Regulation 18521.5.