

**Statement of Organization  
Recipient Committee**

Statement Type  Initial  Amendment  Termination - See Part 5  
 Not yet qualified  or  
 List I.D. number: # 1379154  
 Date qualified as committee 08/18/2015 Date of Termination \_\_\_\_\_  
(# applicable)

Date Stamp <b>CITY OF OXNARD CITY CLERK</b> 2015 AUG 25 P 2:51	<b>CALIFORNIA FORM 410</b> <small>For Official Use Only</small>
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**1. Committee Information** **2. Treasurer and Other Principal Officers**

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.

**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 8/24/2015 By *Desiree Griffin*  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER  
 Executed on 8/24/2015 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

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COMMITTEE NAME  
**STARR COALITION FOR MOVING OXNARD FORWARD**

I.D. NUMBER  
**1379154**

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

NAME OF FINANCIAL INSTITUTION <b>WELLS FARGO</b>	AREA CODE/PHONE <b>(805)278-8170</b>	BANK ACCOUNT NUMBER <b>3562792535</b>
ADDRESS <b>1700 E GONZALES ROAD</b>	CITY <b>OXNARD</b>	STATE ZIP CODE <b>CA 93036</b>

**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 PROONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
<b>AARON STARR</b>	<b>OXNARD CITY COUNCIL</b>	<b>2016</b>	<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	OPPOSE
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

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**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, officeholder, 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.