Statement of Organization Recipient Committee

1. Committee Information

STARR COALITION FOR MOVING OXNARD FORWARD

CAMARILLO

STREET ADDRESS (NO. RQ. 801)
2130 POSADA DRIVE
CAMARILLO

CITY
Oxnard

STATE
CA

ZIP CODE
93030

AREA CODE/PHONE
(805)404-8693

NAME OF COMMITTEE
CITY
Oxnard

STATE
CA

ZIP CODE
93030

AREA CODE/PHONE
(805)404-8693

COUNTRY OF ORIGIN
VENTURA

JURISDICTION WHERE COMMITTEE IS ACTIVE
OXNARD

2. Treasurer and Other Principal Officers

NAME OF TREASURER
STEVEN KLINGER

STREET ADDRESS (NO. RQ. 801)
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 (NO. RQ. 801)
1511 VIA LA SILVA

CITY
CAMARILLO

STATE
CA

ZIP CODE
93010

AREA CODE/PHONE
(805)377-2628

NAME OF PRINCIPAL OFFICER
AARON STARR

STREET ADDRESS (NO. RQ. 801)
2130 POSADA DRIVE

CITY
OXNARD

STATE
CA

ZIP CODE
93030

AREA CODE/PHONE
(805)404-8693

NAME OF PRINCIPAL OFFICER
AARON STARR

STREET ADDRESS (NO. RQ. 801)
2130 POSADA DRIVE

CITY
OXNARD

STATE
CA

ZIP CODE
93030

AREA CODE/PHONE
(805)404-8693

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.

Exercised on __DATE__

By 

NAME OF TREASURER OR ASSISTANT TREASURER

Exercised on __DATE__

By 

NAME OF CONTROLLING OFFICER, CANDIDATE, OR STATE TREASURER PROPOSED

Exercised on __DATE__

By 

NAME OF CONTROLLING OFFICER, CANDIDATE, OR STATE TREASURER PROPOSED

Exercised on __DATE__

By 

NAME OF CONTROLLING OFFICER, CANDIDATE, OR STATE TREASURER PROPOSED

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.

NAME OF FINANCIAL INSTITUTION
WELLS FARGO

AREA CODE/PHONE
(805)278-8170

ACCOUNT NUMBER
3562792535

ADDRESS
1700 E GONZALES ROAD

CITY
OXNARD

STATE
CA

ZIP CODE
93036

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.

<table>
<thead>
<tr>
<th>NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROONENT</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 MEASURES’ FULL TITLE (INCLUDE BALLOT NO. OR LETTER)</th>
<th>CANDIDATE’S OFFICE Sought OR HELD OR MEASURES’ JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)</th>
<th>CHECK ONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUPPORT</td>
<td>OPPOSE</td>
<td>SUPPORT</td>
</tr>
</tbody>
</table>

FPCC Form 410 (Dec/2012)
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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 APPLICANT OF SPONSOR
NONPROFIT CORPORATION

STREET ADDRESS
2130 POSADA DRIVE

CITY
OXNARD

STATE
CA

ZIP CODE
93030

Small Contributors Committee:
☐ ____________________________

5. Termination Requirements

☐ By date of termination, the treasurer, candidate, or employer, 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.

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