Statement of Organization
Recipient Committee

Statement Type: □ Initial  ☑ Amendment  □ Termination – See Part 5

List I.D. number: 1367090  
Date qualified as committee: 05/24/2014  
Date of Termination: 05/31/14

1. Committee Information

NAME OF COMMITTEE: AARON STARR FOR Oxnard City Council 2016
STREET ADDRESS: 2130 Posada Drive
Oxnard, CA 93030

NAME OF TREASURER: DESEREE MARIE GRIFFIN
STREET ADDRESS: 1511 Via La Silva
Camarillo, CA 93010

NAME OF ASSISTANT TREASURER, IF ANY:
STREET ADDRESS:

MAILING ADDRESS (IF DIFFERENT):

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

COUNTY OF DOMICILE:
CITY: Ventura
STATE: CA
ZIP CODE: 93030
AREA CODE/PHONE: (805)377-2628

2. Treasurer and Other Principal Officers

NAME OF TREASURER:

NAME OF ASSISTANT TREASURER, IF ANY:

NAME OF PRINCIPAL OFFICER(S):

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.

DATE: 12/31/14

SIGNATURE OF TREASURER OR ASSISTANT TREASURER:

DATE: 12/31/14

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROONENT:

DATE: 12/31/14

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROONENT:

DATE: 12/31/14

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROONENT:

Attach additional information on appropriately labeled continuation sheets.
Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME
AARON STARR FOR OXNARD CITY COUNCIL 2016

I.D. NUMBER
1367090

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

NAME OF FINANCIAL INSTITUTION
WELLS FARGO

ADDRESS
1700 E GONZALES ROAD

CITY
OXNARD

STATE
CA

ZIP CODE
93036

AREA CODE/PHONE
(805)278-8170

BANK ACCOUNT NUMBER
3386008142

• 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.

CONTROLLED COMMITTEE

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROONENT
AARON STARR

ELECTIVE OFFICE SOUGHT OR HELD
CITY COUNCIL

(INCLUDE DISTRICT NUMBER IF APPLICABLE)

YEAR OF ELECTION
2016

PARTY
☑ Nonpartisan
☐ 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

SUPPORT
OPPOSE
Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME
AARON STARR FOR OXNARD CITY COUNCIL 2016

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

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

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.