Statement of Organization
Recipient Committee

Statement Type  
[ ] Initial 
[ ] Amendment 
[ ] Termination – See Part 5

NAME OF COMMITTEE 
STARR COALITION FOR MOVING OXNARD FORWARD, YES ON MEASURE M

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

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

NAME OF TREASURER 
STEVEN KLINGER 
790 ALOHA STREET

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

NAME OF ASSISTANT TREASURER, IF ANY 
DESIREE GRIFFIN 
1511 VIA LA SILVA

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

NAME OF PRINCIPAL OFFICER(S) 
AARON STARR 
2130 POSADA DRIVE

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

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 7/31/2016 By

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 7/31/2016 By

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
### Statement of Organization

**Recipient Committee**

**INSTRUCTIONS ON REVERSE**

**STARR COALITION FOR MOVING OXNARD FORWARD, YES ON MEASURE M**

<table>
<thead>
<tr>
<th>NAME OF FINANCIAL INSTITUTION</th>
<th>AREA CODE/PHONE</th>
<th>BANK ACCOUNT NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>WELLS FARGO</td>
<td>(805)278-8170</td>
<td>3562792535</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1700 E GONZALES ROAD</td>
<td>OXNARD</td>
<td>CA</td>
<td>93036</td>
</tr>
</tbody>
</table>

#### 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 MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)</th>
<th>CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)</th>
<th>CHECK ONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>MEASURE M INITIATIVE TO REPEAL THE CITY'S-</td>
<td>OXNARD</td>
<td>SUPPORT</td>
</tr>
<tr>
<td>WASTEWATER RATES ADOPTED IN JANUARY 2016</td>
<td></td>
<td>OPPOSE</td>
</tr>
</tbody>
</table>

**FPPC Form 410 (Jan/2016)**

**FPPC Advice:** advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov
**Statement of Organization**
**Recipient Committee**

INSTRUCTIONS ON REVERSE

**STARR COALITION FOR MOVING OXNARD FORWARD, YES ON MEASURE M**

4. Type of Committee (Continued)

<table>
<thead>
<tr>
<th>General Purpose Committee</th>
<th>Not formed to support or oppose specific candidates or measures in a single election. Check only one box:</th>
</tr>
</thead>
<tbody>
<tr>
<td>CITY Committee</td>
<td>[ ]</td>
</tr>
<tr>
<td>COUNTY Committee</td>
<td>[ ]</td>
</tr>
<tr>
<td>STATE Committee</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

**Provide brief description of activity**

**Sponsored Committee**
List additional sponsors on an attachment.

**NAME OF SPONSOR**

MOVING OXNARD FORWARD

**INDUSTRY GROUP OR AFFILIATION OF SPONSOR**

NONPROFIT CORPORATION

**STREET ADDRESS**

2130 POSADA DRIVE

**CITY**

OXNARD

**STATE**

CA

**ZIP CODE**

93030

**Small Contributor Committee**

[ ] [ ] [ ] Date qualified

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or petitioner 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 officials 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.