Statement of Organization
Recipient Committee

Statement Type □ Initial
☐ Amendment
☐ Termination – See Part 5

List I.D. number: #1379154
Date qualified as committee: 08/18/2015

Date qualified as committee (if applicable): #
Date of Termination: / / 2015

1. Committee Information
NAME OF COMMITTEE
STARR COALITION FOR MOVING Oxnard Forward, YES ON MEASURE M

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

CITY
OXNARD

STATE
CA

ZIP CODE
93030

AREA CODE/PHONE
(805)404-8693

MAILING ADDRESS (IF DIFFERENT)

FAX/E-MAIL ADDRESS
STARRCPA@GMAIL.COM

COUNTY OF DOMICILE
VENTURA

JURISDICTION WHERE COMMITTEE IS ACTIVE
OXNARD

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers
NAME OF TREASURER
STEVEN KLINGER

STREET ADDRESS (NO P.O. BOX)
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 P.O. BOX)
1511 VIA LA SILVA

CITY
CAMARILLO

STATE
CA

ZIP CODE
93010

AREA CODE/PHONE
(805)377-2628

NAME OF PRINCIPAL OFFICER(S)

AARON STARR

STREET ADDRESS (NO P.O. BOX)
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.

Executed on 7/3/2016 by
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 7/3/2016 by
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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

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

NAME OF FINANCIAL INSTITUTION | AREA CODE/PHONE | BANK ACCOUNT NUMBER
---------------------------------|-----------------|---------------------
WELLS FARGO | (805)278-8170 | 3562792535

ADDRESS | CITY | STATE | ZIP CODE
--------|------|-------|-------
1700 E GONZALES ROAD | OXNARD | CA | 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.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROONENT | ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE) | YEAR OF ELECTION | PARTY
--------------------------------------------------------|-----------------------------------------------|-----------------|--------
AARON STARR | OXNARD CITY COUNCIL | 2016 | ☑ 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
---------------------------------------------------------------------|-----------------------------------------------|---------
MEASURE M INITIATIVE TO REPEAL THE CITY'S- | OXNARD | SUPPORT | OPPOSE
WASTEWATER RATES ADOPTED IN JANUARY 2016

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**INSTRUCTIONS ON REVERSE**

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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**

- **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

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.