Statement of Organization
Recipient Committee

Statement Type □ Initial
Not yet qualified □ or

☐ Amendment
List I.D. number:
#

☐ Termination – See Part 5
List I.D. number:
#

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

1. Committee Information
NAME OF COMMITTEE
AARON STARR FOR OXNARD CITY COUNCIL 2018

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
(805) 583-3337 STARRCPA@GMAIL.COM

COUNTY OF Domicile VENTURA
JURISDICTION WHERE COMMITTEE IS ACTIVE OXNARD

2. Treasurer and Other Principal Officers
NAME OF TREASURER
DESIREE MARIE 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 ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

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 correct. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 5/19/2017 By

Executed on 5/19/2017 By

Executed on By

Executed on By

Executed on By

TREASURER

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPONENT

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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

**Committee Name**: AARON STARR FOR OXNARD CITY COUNCIL 2018

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

<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>TO BE OPENED</td>
</tr>
</tbody>
</table>

**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>CITY COUNCIL</td>
<td>2018</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></td>
<td></td>
<td>SUPPORT</td>
</tr>
<tr>
<td></td>
<td></td>
<td>OPPOSE</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SUPPORT</td>
</tr>
<tr>
<td></td>
<td></td>
<td>OPPOSE</td>
</tr>
</tbody>
</table>

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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.

<table>
<thead>
<tr>
<th>NAME OF SPONSOR</th>
<th>INDUSTRY GROUP OR AFFILIATION OF SPONSOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>STREET ADDRESS</td>
<td>NO. AND STREET</td>
</tr>
<tr>
<td></td>
<td>CITY</td>
</tr>
<tr>
<td></td>
<td>STATE</td>
</tr>
<tr>
<td></td>
<td>ZIP CODE</td>
</tr>
</tbody>
</table>

**Small Contributor Committee**

- [ ] _____/_____/_____
  
  Date qualified

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer, and/or candidates, 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.