

Statement of Organization
Recipient Committee

Statement Type

Initial
Not yet qualified or

Amendment
List I.D. number:

Received
Oxnard City Clerk

Termination - See Part 1
2017 AUG -1 PM 3:48

Date Stamp

CALIFORNIA FORM 410
For Official Use Only
RECEIVED AND FILED
In the office of the Secretary of State
of the State of California

05/22/17
Date qualified as committee

Date qualified as committee
(If applicable)

Date of Termination

OXNARD CITY CLERK

1. Committee Information

NAME OF COMMITTEE
OXNARD RECALL !
Starr Coalition for Moving Oxnard Forward by Supporting the Recall of Mayor Flynn and Council Members Ramirez, Perello and Madrigal

STREET ADDRESS (NO P.O. BOX)
2130 POSADA DRIVE
CITY STATE ZIP CODE AREA CODE/PHONE
OXNARD CA 93030 (805)404-8693

MAILING ADDRESS (IF DIFFERENT)
FAX / E-MAIL ADDRESS
(805)583-3337 STARRCPA@GMAIL.COM
COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
VENTURA OXNARD

2. Treasurer and Other Principal Officers

NAME OF TREASURER
DESIREE MARIE GRIFFIN
STREET ADDRESS (NO P.O. BOX)
1511 VIA LA SILVA
CITY STATE ZIP CODE AREA CODE/PHONE
CAMARILLO CA 93010 (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)
AARON STARR
STREET ADDRESS (NO P.O. BOX)
2130 POSADA DRIVE
CITY STATE ZIP CODE AREA CODE/PHONE
OXNARD CA 93030 (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 5/19/2017 By Desiree Marie Griffin 7/19/2017
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on 5/19/2017 By Aaron Starr 7/19/2017
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

PC Mould 7/18/2017

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Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA FORM 410

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I.D. NUMBER **1397707**

~~OXNARD RECALL~~
Starr Coalition for Moving Oxnard Forward by Supporting the Recall of Mayor Flynn and Council Members Ramirez, Perello and Madrigal

- 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	BANK ACCOUNT NUMBER TO BE OPENED	REDACTED
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.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
AARON STARR	CITY COUNCIL	2018	<input checked="" type="checkbox"/> Nonpartisan
			<input type="checkbox"/> 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
Recall Mayor Tim Flynn and Council Members	Oxnard.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Carmen Ramirez, Oscar Madrigal & Bert Perello		<input type="checkbox"/>	<input type="checkbox"/>

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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

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.