Statement of Organization
Recipient Committee

Statement Type  □ Initial
                     □ Amendment  ☑ Termination – See Part 5
                     □ Not yet qualified
                     or
                     □ Date qualified as committee
                     Date qualified as committee
                     Date of termination
                     06 / 30 / 2017

1. Committee Information
   I.D. Number (if applicable)
   1367090

   NAME OF COMMITTEE
   AARON STARR FOR OXNARD CITY COUNCIL 2016

   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]

   E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)

   COUNTY OF DOMICILE  JURISDICTION WHERE COMMITTEE IS ACTIVE
   VENTURA  OXNARD

2. Treasurer and Other Principal Officers
   NAME OF TREASURER
   DESIREE 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)

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

   Executed on 7/13/17
   By □

   Executed on 7/13/2017
   By □

   Executed on □
   By □

   Executed on □
   By □

   Executed on □
   By □

   SIGNATURE OF TREASURER OR ASSISTANT TREASURER
   □

   SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPOINENT
   □

   SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPOINENT
   □

   SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPOINENT
   □

   FPPC Form 410 (May/2017)
   FPPC Advice: advice@fppc.ca.gov (866/275-3772)
   www.fppc.ca.gov
Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITEE NAME
AARON STARR FOR OXNARD CITY COUNCIL 2016

• 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>REDACTED</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 officerholder, candidate, or state measure proponent. If candidate or officerholder 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 officerholder 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/OFFICERHOLDER/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>2016</td>
<td>☑ Nonpartisan</td>
</tr>
<tr>
<td></td>
<td></td>
<td></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>SUPPORT</td>
<td></td>
</tr>
<tr>
<td></td>
<td>OPPOSE</td>
<td></td>
</tr>
<tr>
<td></td>
<td>SUPPORT</td>
<td></td>
</tr>
<tr>
<td></td>
<td>OPPOSE</td>
<td></td>
</tr>
</tbody>
</table>

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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

**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>
</table>

<table>
<thead>
<tr>
<th>STREET ADDRESS</th>
<th>NO. AND STREET</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
<th>AREA CODE/PHONE</th>
</tr>
</thead>
</table>

**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.

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