

**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  
(If amending to provide this date)

06 / 30 / 2017  
Date of termination

Received  
Oxnard City Clerk  
Date Stamp  
2017 JUL 31 PM 2:42

**CALIFORNIA  
FORM 410**

For Official Use Only

**1. Committee Information**

**I.D. Number (if applicable)**  
1367090

**2. Treasurer and Other Principal Officers**

NAME OF COMMITTEE

AARON STARR FOR OXNARD CITY COUNCIL 2016

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)

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

COUNTY OF DOMICILE

VENTURA

JURISDICTION WHERE COMMITTEE IS ACTIVE

OXNARD

NAME OF TREASURER

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 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 7/31/17  
DATE

By Desiree Griffin  
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 7/31/2017  
DATE

By Aaron Starr  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_  
DATE

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_  
DATE

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME  
AARON STARR FOR OXNARD CITY COUNCIL 2016

- 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 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	2016	<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
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME  
AARON STARR FOR OXNARD CITY COUNCIL 2016

I.D. NUMBER  
1367090

**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	AREA CODE/PHONE

**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.