**Statement of Organization**
**Recipient Committee**

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

☐ Not yet qualified
☐ Date qualified as committee

Date qualified as committee
(if amending to provide this date)

Date of termination

1. Committee Information

<table>
<thead>
<tr>
<th>I.D. Number (if applicable)</th>
<th>1367090</th>
</tr>
</thead>
</table>

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
VENTURA

JURISDICTION WHERE COMMITTEE IS ACTIVE
OXNARD

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

<table>
<thead>
<tr>
<th>NAME OF TREASURER</th>
</tr>
</thead>
<tbody>
<tr>
<td>DESIREE GRIFFIN</td>
</tr>
</tbody>
</table>

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

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 7/3/2017
By [Signature]

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 7/3/2017
By [Signature]

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on
By

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on
By

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPONENT
### STATEMENT OF ORGANIZATION

#### Recipient Committee

**Committee 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>

**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 Proponent</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>
</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>

---

FPPC Form 410 (May/2017)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov
4. **Type of Committee**

- **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**

5. **Termination Requirements**

- 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.