Statement of Organization Recipient Committee		Received Oxnard City Clerk		Date Stamp	= 6	CALIFORNIA 410		
Statement Type	☐ Initial	Amendment OFF	Termination – See Part 5 in i	the office of the Secretary of of the State of California	State	For Official Use Only		
	O Not yet qualified or O Date qualified as co	11 , 25 , 2017	Date of termination	DEC 08 2017				
1. Committee In		D. Number If applicable) 1397788	2. Treasurer and	Other Principal Office	ers.			
NAME OF COMMITTEE AARON STARR F	OR OXNARD CITY	COUNCIL 2018	NAME OF TREASURER DESIREE GRIFFIN STREET ADDRESS (NO P.O. BOX)	1				
			1511 VIA LA SILVA	4				
STREET ADDRESS (NO P.O	. BOX)		CITY	STATE	ZIP CODE	AREA CODE/PHONE		
2130 POSADA DI	RIVE		CAMARILLO	CA	93010	(805) 377-2628		
OXNARD MAILING ADDRESS (IF DIF	STAT C/			R, IF ANY				
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)			CITY	STATE	ZIP CODE	AREA CODE/PHONE		
COUNTY OF DOMICILE	jurisdict OXNA	ION WHERE COMMITTEE IS ACTIVE	NAME OF PRINCIPAL OFFICER(S)					
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Attach additional i	nformation on approp	oriately labeled continuation sheets.	СІТУ .	STATE	ZIP CODE	AREA CODE/PHONE		
		By SIGNATURE OF CON By		RER MEASURE PROPONENT MEASURE PROPONENT	e and comple	ete. I certify under		

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ARRON STARR FOR OXNARD CITY COUNCIL 2018 * All committees must list the financial institution where the campaign bank account is located. **MARE CORM/PROME** **MARE CORM/PROM	Statement of Organization Recipient Committee Instructions on reverse									california 410		
MANE OF FIRAMCIAL INSTITUTION WELLS FARGO (805) 278-8170 Redacted ADDRESS CITY STATE PRODE CA 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, at 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." Stating "No party preference" is acceptable. If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee. HAMRO F CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT CITY COUNCIL PARTY LIST THE COUNCIL PARTY LIST THE OFFICE SOUGHT OR HELD OR MEASURES (ISST political party below) PARTY LIST THE OFFICE SOUGHT OR HELD OR MEASURES) FIRST INTERSOR (list political party below) Partisan (list political party below) Partisan (list political party below) CANDIDATE(S) NAME OR MEASURES) FIRST INTERSOR (INCLUDE DISTRICT NO, CITY OR COUNTY, AS APPLICABLE) CANDIDATE(S) NAME OR MEASURES) FIRST INTERSOR (INCLUDE DISTRICT NO, CITY OR COUNTY, AS APPLICABLE) CANDIDATE(S) NAME OR MEASURES) FIRST INTERSOR (INCLUDE BALLOT NO, CITY OR COUNTY, AS APPLICABLE) CHECK ORE CANDIDATE(S) NAME OR MEASURES) FIRST CHECK ORE CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURES(S) URISDICTION (INCLUDE DISTRICT NO, CITY OR COUNTY, AS APPLICABLE) CHECK ORE CANDIDATE(S) NAME OR MEASURES(S) FIRST CHECK ORE CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURES(S) URISDICTION (INCLUDE DISTRICT NO, CITY OR COUNTY, AS APPLICABLE) CHECK ORE CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURES(S) URISDICTION (INCLUDE DISTRICT NO, CITY OR COUNTY, AS APPLICABLE) CHECK ORE CANDIDATE(S) NAME OR MEASURES(S) URISDICTION (INCLUDE DISTRICT NO, CITY OR COUNTY, AS APPLICABLE)		ı	I.D. NUMBER									
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CALIFORNIA Statement of Organization FORM **Recipient Committee** INSTRUCTIONS ON REVERSE Page 3 I.D. NUMBER COMMITTEE NAME 1397788 AARON STARR FOR OXNARD CITY COUNCIL 2018 4. Type of Committee (Continued) Not formed to support or oppose specific candidates or measures in a single election. Check only one box: **General Purpose Committee** ☐ CITY Committee ☐ COUNTY Committee ☐ STATE Committee ☐ Political Party/Central Committee PROVIDE BRIEF DESCRIPTION OF ACTIVITY Sponsored Committee List additional sponsors on an attachment. INDUSTRY GROUP OR AFFILIATION OF SPONSOR NAME OF SPONSOR AREA CODE/PHONE STATE ZIP CODE CITY NO. AND STREET STREET ADDRESS Small Contributor Committee Date qualified By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met: 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

-- Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are

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Code Section 89519.

subject to Elections Code Section 18680 and FPPC Regulation 18521.5.

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