

**Statement of Organization  
Recipient Committee**

Statement Type

Initial

Not yet qualified

or

Date qualified as committee

Amendment

Termination - See Part 5

11 / 25 / 2017  
Date qualified as committee

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date of termination

Received  
Oxnard City Clerk

2017 DEC 17 PM 3:33

Date Stamp

RECEIVED AND FILED  
In the office of the Secretary of State  
of the State of California

DEC 08 2017

CALIFORNIA  
FORM 410

For Official Use Only

<b>1. Committee Information</b>	<b>2. Treasurer and Other Principal Officers</b>
---------------------------------	--

**I.D. Number** 1397788  
*(if applicable)*

NAME OF COMMITTEE  
AARON STARR FOR OXNARD CITY COUNCIL 2018

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

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 12/4/2017 By Desiree Griffin  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 12/4/2017 By Aaron Starr  
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

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME  
**AARON STARR FOR OXNARD CITY COUNCIL 2018**

Page 2  
I.D. NUMBER  
**1397788**

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION <b>WELLS FARGO</b>	AREA CODE/PHONE <b>(805) 278-8170</b>	BANK ACCOUNT NUMBER <b>Redacted</b>
ADDRESS <b>1700 E GONZALES ROAD</b>	CITY <b>OXNARD</b>	STATE <b>CA</b>
		ZIP CODE <b>93036</b>

**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." 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.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	CHECK ONE		PARTY
			Nonpartisan	Partisan (list political party below)	
AARON STARR	CITY COUNCIL	2018	<input checked="" type="checkbox"/>		
			<input type="checkbox"/>		

**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) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	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"/>

**Clear Page**

**Print**

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 3

COMMITTEE NAME

AARON STARR FOR OXNARD CITY COUNCIL 2018

I.D. NUMBER

1397788

**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  Political Party/Central 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.

Clear Page

Print