

**Statement of Organization  
Recipient Committee**

Statement Type

Initial

Amendment

Not yet qualified

or

Date qualified as committee

05 / 19 / 2017  
Date qualified as committee

Termination - See Part 5  
2018 FEB 28 AM 11:34

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

Received  
Oxnard City Clerk

Received  
Oxnard City Clerk

2018 FEB 12 AM 11:46

CALIFORNIA  
FORM 410

For Official Use Only

RECEIVED AND FILED

In the Office of the Secretary of State  
of the State of California

FEB 16 2018

<b>1. Committee Information</b>	<b>2. Treasurer and Other Principal Officers</b>
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I.D. Number  
(if applicable) 1397788

NAME OF COMMITTEE  
AARON STARR FOR OXNARD MAYOR 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)  
starrcpa@gmail.com fax (805) 583-3337

COUNTY OF DDMICLE	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 2/3/2018 By Desiree Griffin  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 2/3/2018 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