

**Statement of Organization
Recipient Committee**

Statement Type Initial Amendment Termination – See Part 6
 Not yet qualified or Date qualified as committee 05 / 19 / 2017 06 / 30 / 2018 **2018**
 Date qualified as committee Date of termination

Date Stamp
 Received
 Oxnard City Clerk
 JUL 12 AM 11:33

CALIFORNIA FORM 410
 For Official Use Only

1. Committee Information I.D. Number (if applicable) 1397788 **2. Treasurer and Other Principal Officers**

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 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 7/12/18 By Desiree Griffin
 DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 7/12/2018 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