Statement of Organization
Recipient Committee

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

Date qualified as committee: 05/19/2017
Date of termination: 06/30/2018

1. Committee Information

NAME OF COMMITTEE
Aaron Starr for Oxnard Mayor 2018

STREET ADDRESS (NO P.O. BOX)
2130 Posada Drive

CITY
Oxnard

STATE
CA

ZIP CODE
93030

AREA CODE/PHONE
(805) 404-8693

MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)
starrcpa@gmail.com  Fax: (805) 583-3337

COUNTY OF DOMICILE
Ventura

JURISDICTION WHERE COMMITTEE IS ACTIVE
Oxnard

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Desiree Griffin

STREET ADDRESS (NO P.O. BOX)
1511 Via La Silva
Camarillo

STATE
CA

ZIP CODE
93010

AREA CODE/PHONE
805-377-2628

NAME OF ASSISTANT TREASURER, IF ANY

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 7/12/18
By

Executed on 7/12/2018
By

Executed on
DATE

By

Executed on
DATE

By

Executed on
DATE

By

FFPC Form 410 (February/2018)
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