Statement of Organization
Recipient Committee

Statement Type
- [ ] Initial
- [ ] Not yet qualified or
- [X] Date qualification threshold met
- [ ] Date qualification threshold met
  08/18/2015
- [ ] Termination – See Part E

1. Committee Information
   NAME OF COMMITTEE
   Starr Coalition for Moving Oxnard Forward, a committee supporting Oxnard measures to fix streets, create financial transparency, improve council meeting accessibility, establish term limits and streamline building permits

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

   CITY
   Oxnard

   STATE
   CA

   ZIP CODE
   93030

   FULL MAILING ADDRESS (IF DIFFERENT)

   E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)
   starrcpa@gmail.com

   COUNTY OF DOMICILE
   Ventura

   JURISDICTION WHERE COMMITTEE IS ACTIVE
   Oxnard

2. Treasurer and Other Principal Officers
   NAME OF TREASURER
   Steven Klinger
   STREET ADDRESS (NO P.O. BOX)
   790 Aloha Street
   CITY
   Camarillo
   STATE
   CA
   ZIP CODE
   93010
   AREA CODE/PHONE (805) 910-8911

   NAME OF ASSISTANT TREASURER, IF ANY
   Desiree Griffin
   STREET ADDRESS (NO P.O. BOX)
   1511 Via La Silva
   CITY
   Camarillo
   STATE
   CA
   ZIP CODE
   93010
   AREA CODE/PHONE (805) 377-2628

   NAME OF PRINCIPAL OFFICER(S)
   Aaron Starr
   STREET ADDRESS (NO P.O. BOX)
   2130 Posada Drive
   CITY
   Oxnard
   STATE
   CA
   ZIP CODE
   93030
   AREA CODE/PHONE (805) 404-8693

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 07/31/19 By

   Executed on 07/31/19 By

   Executed on By

   Executed on By

   Executed on By

   SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPONENT

   SIGNATURE OF TREASURER OR ASSISTANT TREASURER
### Statement of Organization

**Recipient Committee**

**INSTRUCTIONS ON REVERSE**

**COMMITTEE NAME**
Starr Coalition for Moving Oxnard Forward, a committee supporting Oxnard measures to fix streets, create financial transparency,

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

<table>
<thead>
<tr>
<th>NAME OF FINANCIAL INSTITUTION</th>
<th>AREA CODE/PHONE</th>
<th>BANK ACCOUNT NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wells Fargo</td>
<td>(805) 278-8170</td>
<td>Redacted</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1700 E Gonzales Road</td>
<td>Oxnard</td>
<td>CA</td>
<td>93036</td>
</tr>
</tbody>
</table>

**CALIFORNIA FORM 410**

**I.D. NUMBER**
1379154

### 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.

<table>
<thead>
<tr>
<th>NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROONENT</th>
<th>ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)</th>
<th>YEAR OF ELECTION</th>
<th>PARTY</th>
</tr>
</thead>
</table>
| Aaron Starr                                         | Oxnard Mayor or City Council, District 3                         | 2020            | Nonpartisan

**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)**
  - Measure to recall state " Recall in front of the officeholder's name.
  - Measure to fix streets
  - Measure to create financial transparency

- **CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)**

- **CHECK ONE**
  - SUPPORT
  - OPPOSE

FPPC Form 410 (August/2018)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME
Starr Coalition for Moving Oxnard Forward, a committee supporting Oxnard measures to fix streets, create financial transparency,
and increase accountability, establish term limits, and otherwise build civic accountability.

I.D. NUMBER
1379154

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

NAME OF FINANCIAL INSTITUTION
Wells Fargo

AREA CODE/PHONE
(805) 278-8170

BANK ACCOUNT NUMBER
Redacted

ADDRESS
1700 E Gonzales Road

CITY
Oxnard

STATE
CA

ZIP CODE
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, 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.

<table>
<thead>
<tr>
<th>NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROONENT</th>
<th>ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)</th>
<th>YEAR OF ELECTION</th>
<th>PARTY</th>
<th>CHECK ONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aaron Starr</td>
<td>Oxnard Mayor or City Council, District 3</td>
<td>2020</td>
<td>Nonpartisan</td>
<td>✓</td>
</tr>
</tbody>
</table>

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

<table>
<thead>
<tr>
<th>CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE &quot;RECALL&quot; IN FRONT OF THE OFFICEHOLDER'S NAME.</th>
<th>CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURES(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)</th>
<th>CHECK ONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measure to improve council meeting accessibility</td>
<td></td>
<td>SUPPORT</td>
</tr>
<tr>
<td>Measure to establish term limits</td>
<td></td>
<td>SUPPORT</td>
</tr>
</tbody>
</table>

FPPC Form 410 (August/2018)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
**Statement of Organization**  
**Recipient Committee**

**INSTRUCTIONS ON REVERSE**

**COMMITTEE NAME**  
Starr Coalition for Moving Oxnard Forward, a committee supporting Oxnard measures to fix streets, create financial transparency, improve emergency response, and establish election to predetermine a building account.

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

**NAME OF FINANCIAL INSTITUTION**  
Wells Fargo

**AREA CODE/PHONE**  
(805) 278-8170

**BANK ACCOUNT NUMBER**  
Redacted

**ADDRESS**  
1700 E Gonzales Road

**CITY**  
Oxnard

**STATE**  
CA

**ZIP CODE**  
93036

### 4. Type of Committee

**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.

<table>
<thead>
<tr>
<th>NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROponent</th>
<th>ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)</th>
<th>YEAR OF ELECTION</th>
<th>PARTY</th>
<th>CHECK ONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aaron Starr</td>
<td>Oxnard Mayor or City Council, District 3</td>
<td>2020</td>
<td>Nonpartisan</td>
<td>✔</td>
</tr>
</tbody>
</table>

| PRIMARYLY 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.

<table>
<thead>
<tr>
<th>CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)</th>
<th>SUPPORT</th>
<th>OPPOSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measure to streamline building permits</td>
<td>✔</td>
<td></td>
</tr>
</tbody>
</table>
Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME
Starr Coalition for Moving Oxnard Forward, a committee supporting Oxnard measures to fix streets, create financial transparency

I.D. NUMBER
1379154

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

PROVIDE BRIEF DESCRIPTION OF ACTIVITY
Support measures to enhance job creation and improve city hall efficiency and accountability

Sponsored Committee
List additional sponsors on an attachment.

NAME OF SPONSOR
Moving Oxnard Forward

INDUSTRY GROUP OR AFFILIATION OF SPONSOR
Nonprofit Corporation

STREET ADDRESS
2130 Posada Drive, Oxnard, CA 93030

NO. AND STREET
CITY
STATE
ZIP CODE
AREA CODE/PHONE
(805) 404-8693

□ 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.

FPPC Form 410 (August/2018)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov