

**Statement of Organization
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial	<input checked="" type="checkbox"/> Amendment	<input type="checkbox"/> Termination – See Part 6
<input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met	Date qualification threshold met <u>08</u> / <u>18</u> / <u>2015</u>	Date of termination ____ / ____ / ____

Date Stamp
RECEIVED AND FILED
in the office of the Secretary of State
of the State of California
AUG 03 2020

CALIFORNIA FORM 410
For Official Use Only
2020
Oxnard
City Clerk

1. Committee Information				I.D. Number 1379154 <small>(if applicable)</small>				2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE Starr Coalition for Moving Oxnard Forward, a committee opposing Measure E; supporting Measures F, L, M and N				NAME OF TREASURER Steven Klinger				NAME OF ASSISTANT TREASURER, IF ANY Desiree Griffin			
STREET ADDRESS (NO P.O. BOX) 2130 Posada Drive				STREET ADDRESS (NO P.O. BOX) 790 Aloha Street				STREET ADDRESS (NO P.O. BOX) 1511 Via La Silva			
CITY Oxnard	STATE CA	ZIP CODE 93030	AREA CODE/PHONE (805) 404-8693	CITY Camarillo	STATE CA	ZIP CODE 93010	AREA CODE/PHONE (805) 910-8911	CITY Camarillo	STATE CA	ZIP CODE 93010	AREA CODE/PHONE (805) 377-2628
FULL MAILING ADDRESS (IF DIFFERENT)				NAME OF PRINCIPAL OFFICER(S) Aaron Starr				STREET ADDRESS (NO P.O. BOX) 2130 Posada Drive			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) starrcpa@gmail.com				CITY Oxnard				CITY Oxnard			
COUNTY OF DOMICILE Ventura		JURISDICTION WHERE COMMITTEE IS ACTIVE Oxnard		CITY Oxnard				STATE CA			
Attach additional information on appropriately labeled continuation sheets.				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 7/28/2020 By Desiree Griffin
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 7/28/2020 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

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INSTRUCTIONS ON REVERSE

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COMMITTEE NAME Starr Coalition for Moving Oxnard Forward, a committee opposing Measure E; supporting Measures F, L, M and N	I.D. NUMBER 1379154
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• 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.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		(list political party below)
			Nonpartisan	Partisan	
Aaron Starr	Oxnard City Council, District 3	2020	X		
			Nonpartisan	Partisan	(list political party below)

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
Measure E to increase sales tax 1.5%			✓
Measure F to streamline building permits		✓	

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NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER		
ADDRESS	CITY	STATE	ZIP CODE	

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			Nonpartisan	Partisan	

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		SUPPORT	OPPOSE
Measure L to create financial transparency		X	
Measure M to improve council meeting accessibility		X	

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ADDRESS	CITY	STATE ZIP CODE

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			Nonpartisan	Partisan	

Primarily Formed Committee

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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
Measure N to fix streets		X	
		X	

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COMMITTEE NAME
Starr Coalition for Moving Oxnard Forward, a committee opposing Measure E; supporting Measures F, L, M and N

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		INDUSTRY GROUP OR AFFILIATION OF SPONSOR			
Moving Oxnard Forward		Nonprofit Corporation			
STREET ADDRESS	NO. AND STREET	CITY	STATE	ZIP CODE	AREA CODE/PHONE
2130 Posada Drive		Oxnard	CA	93030	(805) 404-8693

Small Contributor Committee

_____/_____/_____
Date qualified

5. Termination Requirements By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or ponent 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.