### Statement of Organization

**Recipient Committee**

<table>
<thead>
<tr>
<th>Statement Type</th>
<th>Amendment</th>
<th>Termination – See Part B</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Initial</td>
<td>☑</td>
<td>☐</td>
</tr>
<tr>
<td>○ Not yet qualified or Date qualification threshold met</td>
<td><strong>Date qualification threshold met:</strong> 08/18/2015</td>
<td><strong>Date of termination:</strong></td>
</tr>
</tbody>
</table>

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#### 1. Committee Information

**I.D. Number**

1379154

**NAME OF COMMITTEE**

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

**STREET ADDRESS (NO P.O. BOX)**

2130 Posada Drive

**CITY**

Oxnard

**STATE**

CA

**ZIP CODE**

93030

**AREA CODE/PHONE**

(805) 404-8693

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#### 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

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**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

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**Attach additional information on appropriately labeled continuation sheets.**

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#### 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**

<table>
<thead>
<tr>
<th>Date</th>
<th>By</th>
</tr>
</thead>
<tbody>
<tr>
<td>07/28/2020</td>
<td></td>
</tr>
</tbody>
</table>

**Signature of Treasurer or Assistant Treasurer**

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**FFPC Form 410 (August/2018)**

FFPC Advice: advice@ffpc.ca.gov (866/275-3772)

www.ffpc.ca.gov
Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

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

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 City Council, District 3</td>
<td>2020</td>
<td>Nonpartisan</td>
<td>Partisan</td>
</tr>
<tr>
<td></td>
<td>X</td>
<td></td>
<td></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 “RECALL” IN FRONT OF THE OFFICEHOLDER’S NAME.</th>
<th>CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)</th>
<th>CHECK ONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measure E to increase sales tax 1.5%</td>
<td></td>
<td>SUPPORT</td>
</tr>
<tr>
<td>Measure F to streamline building permits</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

<table>
<thead>
<tr>
<th>COMMITTEE NAME</th>
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</thead>
<tbody>
<tr>
<td>Starr Coalition for Moving Oxnard Forward, a committee opposing Measure E; supporting Measures F, L, M and N</td>
<td>1379154</td>
</tr>
</tbody>
</table>

- 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></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ADDRESS</td>
<td>CITY</td>
<td>STATE ZIP CODE</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 PROponent</th>
<th>ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)</th>
<th>YEAR OF ELECTION</th>
<th>PARTY CHECK ONE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Nonpartisan</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Partisan</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(list political party below)</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 MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)</th>
<th>CHECK ONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measure L to create financial transparency</td>
<td></td>
<td>SUPPORT X</td>
</tr>
<tr>
<td>Measure M to improve council meeting accessibility</td>
<td></td>
<td>SUPPORT X</td>
</tr>
</tbody>
</table>
Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

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

L.D. NUMBER 1379154

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

NAME OF FINANCIAL INSTITUTION

AREA CODE/PHONE

BANK ACCOUNT NUMBER

ADDRESS

CITY

STATE

ZIP CODE

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 PROONENT | ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE) | YEAR OF ELECTION | PARTY
|-------------------------------------------------------|---------------------------------------------------------------------|------------------|------|
|                                                       |                                                                     |                  | CHECK ONE
|                                                       |                                                                     |                  | Nonpartisan

Controlled Committee:

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 “RECALL” IN FRONT OF THE OFFICEHOLDER’S NAME.</th>
<th>CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)</th>
<th>CHECK ONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measure N to fix streets</td>
<td></td>
<td>SUPPORT</td>
</tr>
</tbody>
</table>

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

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

CITY
Oxnard

STATE
CA

ZIP CODE
93030

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 person 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.