

Statement of Organization
Recipient Committee

Statement Type

☐ Initial

☐ Not yet qualified
or

☐ Date qualification threshold met

☒ Amendment

Date qualification threshold met

08 / 18 / 2015

☐ Termination – See Part 2

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

19

PM

3:55

City Clerk

| 1. Committee Information | | I.D. Number 1379154 (if applicable) | | 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 | | | |
| STREET ADDRESS (NO P.O. BOX) [REDACTED] | | | | STREET ADDRESS (NO P.O. BOX) 790 Aloha Street | | | |
| 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 |
| FULL MAILING ADDRESS (IF DIFFERENT) | | | | NAME OF ASSISTANT TREASURER, IF ANY Desiree Griffin | | | |
| E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) starrcpa@gmail.com | | | | STREET ADDRESS (NO P.O. BOX) [REDACTED] | | | |
| COUNTY OF DOMICILE Ventura | JURISDICTION WHERE COMMITTEE IS ACTIVE Oxnard | | | CITY Camarillo | STATE CA | ZIP CODE 93010 | AREA CODE/PHONE (805) 377-2628 |
| Attach additional information on appropriately labeled continuation sheets. | | | | NAME OF PRINCIPAL OFFICER(S) Aaron Starr | | | |
| | | | | STREET ADDRESS (NO P.O. BOX) [REDACTED] | | | |
| | | | | 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 7/28/2020 By [REDACTED]
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 7/28/2020 By [REDACTED]
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 |
|--|------------------------|

- 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 | | |
|--|---|---------------------|--------------------|----------|------------------------------|
| Aaron Starr | Oxnard City Council, District 3 | 2020 | Nonpartisan X | Partisan | (list political party below) |
| | | | 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 | |
|---|--|--------------|-------------|
| Measure E to increase sales tax 1.5% | | SUPPORT | OPPOSE ✓ |
| Measure F to streamline building permits | | SUPPORT ✓ | OPPOSE |

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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

- 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

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| NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROONENT | ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE) | YEAR OF ELECTION | PARTY CHECK ONE | | |
|---|---|---------------------|--------------------|----------|------------------------------|
| | | | Nonpartisan | Partisan | (list political party below) |
| | | | Nonpartisan | Partisan | (list political party below) |

Primarily Formed Committee

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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

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

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COMMITTEE NAME

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I.D. NUMBER

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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 | (list political party below) |
| | | | Nonpartisan | Partisan | (list political party below) |

Primarily Formed Committee

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|---|--|--------------|--------|
| Measure N to fix streets | | SUPPORT X | OPPOSE |
| | | SUPPORT X | OPPOSE |

FPPC Form 410 (August/2018)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

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COMMITTEE NAME

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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

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.

FPPC Form 410 (August/2018)

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