

**Statement of Organization  
Recipient Committee**

Received  
Oxnard City Clerk

Date Stamp	<b>CALIFORNIA FORM 410</b>
RECEIVED AND FILED in the office of the Secretary of State of the State of California AUG 05 2019	
For Official Use Only	

Statement Type

<input type="checkbox"/> Initial <input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met ____/____/____	<input checked="" type="checkbox"/> Amendment Date qualification threshold met 08/18/2015	<input type="checkbox"/> Termination - See Part 5 Date of termination ____/____/____
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<b>1. Committee Information</b>	<b>I.D. Number</b> <i>(if applicable)</i> 1379154	<b>2. Treasurer and Other Principal Officers</b>
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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	STATE	ZIP CODE	AREA CODE/PHONE
Oxnard	CA	93030	(805) 404-8693

FULL MAILING ADDRESS (IF DIFFERENT)

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

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
Ventura	Oxnard

NAME OF TREASURER  
Steven Klinger

STREET ADDRESS (NO P.O. BOX)  
790 Aloha Street

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Camarillo	CA	93010	(805) 910-8911

NAME OF ASSISTANT TREASURER, IF ANY  
Desiree Griffin

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Camarillo	CA	93010	(805) 377-2628

NAME OF PRINCIPAL OFFICER(S)  
Aaron Starr

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Oxnard	CA	93030	(805) 404-8693

Attach additional information on appropriately labeled continuation sheets.

**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 DATE	By	<i>Desiree Griffin</i> SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on	7/31/19 DATE	By	<i>Aaron Starr</i> SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on	_____ DATE	By	_____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on	_____ DATE	By	_____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**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

- 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 Mayor or City Council, District 3	2020	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

**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 to fix streets		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Measure to create financial transparency		<input checked="" type="checkbox"/>	<input type="checkbox"/>

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			Nonpartisan	Partisan	
Aaron Starr	Oxnard Mayor or City Council, District 3	2020	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

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		SUPPORT	OPPOSE
Measure to improve council meeting accessibility		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Measure to establish term limits		<input checked="" type="checkbox"/>	<input type="checkbox"/>

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			Nonpartisan	Partisan	
Aaron Starr	Oxnard Mayor or City Council, District 3	2020	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

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		SUPPORT	OPPOSE
Measure to streamline building permits		<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

Statement of Organization  
Recipient Committee

INSTRUCTIONS ON REVERSE

I.D. NUMBER  
1379154

COMMITTEE NAME

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

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 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.