

**Statement of Organization  
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial	<input checked="" type="checkbox"/> Amendment	<input type="checkbox"/> Termination – See Part 5
<input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met	Date qualification threshold met 08 / 18 / 2015	Date of termination ____ / ____ / ____

Received  
Oxnard City Clerk

Date Stamp  
2020 JUL 28 PM 2:26

**CALIFORNIA  
FORM 410**

For Official Use Only

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				STREET ADDRESS (NO P.O. BOX) 790 Aloha Street			
STREET ADDRESS (NO P.O. BOX) 2130 Posada Drive				CITY Camarillo		STATE CA		ZIP CODE 93010		AREA CODE/PHONE (805) 910-8911	
CITY Oxnard		STATE CA		ZIP CODE 93030		AREA CODE/PHONE (805) 404-8693		NAME OF ASSISTANT TREASURER, IF ANY Desiree Griffin			
FULL MAILING ADDRESS (IF DIFFERENT)				STREET ADDRESS (NO P.O. BOX) 1511 Via La Silva				CITY Camarillo			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) starrcpa@gmail.com				STATE CA		ZIP CODE 93010		AREA CODE/PHONE (805) 377-2628		NAME OF PRINCIPAL OFFICER(S) Aaron Starr	
COUNTY OF DOMICILE Ventura		JURISDICTION WHERE COMMITTEE IS ACTIVE Oxnard		STREET ADDRESS (NO P.O. BOX) 2130 Posada Drive				CITY Oxnard			
Attach additional information on appropriately labeled continuation sheets.				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 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 \_\_\_\_\_  
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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		
Aaron Starr	Oxnard City Council, District 3	2020	Nonpartisan	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 <input checked="" type="checkbox"/>
Measure F to streamline building permits		SUPPORT <input checked="" type="checkbox"/>	OPPOSE

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ADDRESS	CITY	STATE ZIP CODE

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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	
			<input type="checkbox"/>	<input type="checkbox"/>	(list political party below)
			<input type="checkbox"/>	<input type="checkbox"/>	(list political party below)

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		SUPPORT	OPPOSE
Measure L to create financial transparency		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Measure M to improve council meeting accessibility		<input checked="" type="checkbox"/>	<input type="checkbox"/>

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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

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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

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)

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

[www.fppc.ca.gov](http://www.fppc.ca.gov)