Statement of Organization					in the office of the Secretary CALIFORNIA 410					
Recipient Com	nmittee				in the office of the Sect of the State of Ca	Slapy Nifera	ORM 41U			
Statement Type	☐ Initial  Not yet qualified ☐ or	Amendment List I.D. number:  # 1367090	Termination - See Part 5 List I.D. number:		JAN 0 57	1	For Official Use Only			
	Date qualified as committee	05 ,24 ,2014 Date qualified as committee (If applicable)	Date of Te	rmination						
1. Committee In	formation		2	. Treasurer and Oth	er Principal Officers					
AARON STARF	R FOR OXNARD CIT	Y COUNCIL 2016	nakom ko domininak kalendaria kalendaria	DESIREE MARIE	GRIFFIN	novaninos amenos de constituiros de constituir				
2130 POSADA	•			STREET ADDRESS (NO P.O. BOX) 1511 VIA LA SILVA						
OXNARD	state CA 936	ZIP CODE AREA CODE/PH 030 (805)404-		CAMARILLO	STATE CA	ZIP CODE 93010	AREA CODE/PHONE (805)377-2628			
MAILING ADDRESS (IF DIF	FERENT)			NAME OF ASSISTANT TREASURER, I	FANY					
FAX / E-MAIL ADDRESS (805) 583-3337	STARR	CPA@GMAIL.COM		STREET ADDRESS (NO P.O. BOX)						
COUNTY OF DOMICILE VENTURA		E COMMITTEE IS ACTIVE	ediciones Accionistas de Sectiones de Sectio	CITY	STATE	ZIP CODE	AREA CODE/PHONE			
NCS (ARTHUR STATE STATE OF THE STATE OF THE STATE STATE OF THE STATE STATE OF THE STATE ST				NAME OF PRINCIPAL OFFICER(S)						
Attach additional in	nformation on appropriately	labeled continuation sheets		STREET ADDRESS (NO P.O. BOX)		aden can en a como discono con discono con con con con con con con con con	and the second			
				CITY	STATE	ZIP CODE	AREA CODE/PHONE			
	asonable diligence in prepar y under the laws of the State				on contained herein is tr	ue and compl	ete. I certify under			
Executed on	12/31/20/1 By	DENRUL	JANATURE OF	TREASURER OR ASSISTANT TREASURE	опесановання в принце	, , , , , , , , , , , , , , , , , , ,				
Executed on	12/31/14 By	SIGNATURE OI	F CONTROLLING OFFI	CEHOLDER, CANDIDATE, OR STATE ME	ASURE PROPONENT					
Executed on	DATE By	SIGNATURE OF	F CONTROLLING OFFI	CEHOLDER, CANDIDATE, OR STATE ME	ASURE PROPONENT	tt dist til filmformen flede side milden plot try flog flede skale skal				
Executed on	DATE By	SIGNATURE O	F CONTROLLING OFF	ICEHOLDER, CANDIDATE, OR STATE ME	SASURE PROPONENT	goriani digina ana ang kalangan kalangan kalangan kalangan kalangan kalangan kalangan kalangan kalangan kalang				

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Statement of Organization Recipient Committee							410	
NSTRUCTIONS ON REVERSE					Page 2			
AARON STARR FOR OXNARD CITY COUNCIL 2	1.D. NUMBER 1367090							
All committees must list the financial institution where the campaign	bank accou	nt is located.						
NAME OF FINANCIAL INSTITUTION	AREA C	ODE/PHONE	BANK ACCOU	NT NUMBER				
WELLS FARGO	(805	(805)278-8170		3386008142			•	
ADDRESS	CITY		STATE .	ZIP CODE				
1700 E GONZALES ROAD	OXI	VARD	CA	93036	t the elective office sought or  nittee.  ELECTION PARTY  Nonpartisan  Nonpartisan			
Type of Committee Complete the applicable sections.								
Controlled Committee								
List the name of each controlling officeholder, candidate, or stat district number, if any, and the year of the election.	e measure <sub>l</sub>	proponent. If candidate	e or officeholder co	ontrolled, also list the	elective office	sought or h	ield, and	
List the political party with which each officeholder or candidate	is affiliated	or check "nonpartisan.	"					
If this committee acts jointly with another controlled committee	, list the na	me and identification ກເ	ımber of the other	controlled committee	<b>).</b>			
NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT		ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)  YEAR C				ELECTION PARTY		
AARON STARR	CITY	COUNCIL		2016	<b>☑</b> No	Page 2  I.D. NUMBER 1367090  Cective office sought or hele  PARTY  Nonpartisan  Nonpartisan  CHECK OF SUPPORT		
	COOLAND TO THE				□ No	npartisan		
Primarily Formed Committee Primarily formed to support or c	ppose spec	ific candidates or meas	ures in a single elec	ction. List below:				
CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LE	TTER)			O OR MEASURE(S) JURISDICTION COUNTY, AS APPLICABLE)	ON	CHEC	K ONE	
				mencycraes wyw mwy ddd 1999 1999 1994 1994 1994 1994 1994	MARIA A PARAMANIANI ARTO SISTANTO PARAMANIANI ANTONO PARAMANIANI ANTONO PARAMANIANI ANTONO PARAMANIANI ANTONO P	SUPPORT	OPPOSE	
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## Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

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1.D. NUMBER 1367090

## AARON STARR FOR OXNARD CITY COUNCIL 2016

4 Type of Committee (Continued)

4. Type of Co	ommittee (Continued)								
General Purp	Not formed t	o support or oppose spec	ific candida <b>nmittee</b> 🎞	tes or measures	s in a single ele t <b>tee</b>	ction. Checl	conly one box:		
PROVIDE BRIEF DESCRIP	PTION OF ACTIVITY			aktivistikoonikooni viineelineelineelineelineelineelineeline		Sec. 17 (19 (19 (19 (19 (19 (19 (19 (19 (19 (19			
Sponsored Cor	mmittee List additional spon	sors on an attachment.		ndra maramana persepunya teripa da 19 di diandra terbanda periata and Gradus Tari P	eksinestaten kordistriko dustrikosta kildi k	O Palahik Pilahatin disemberjih kilahatin de elektrik da da da paga jalahik 		era La comination in the communication of the commu	aciji ge a se popujugo po kiek je godina ili jek marimeli kiloji
NAME OF SPONSOR		44 City that is the high record and action of a station and an action of the commission which can and be and an interference on the contract of the commission of the commissi	INDUST	RY GROUP OR AFFILIATIO	IN OF SPONSOR	ras tara kisak aran karan sa manan kanan kan	a panagan na ng Pelena hang Common Pelebum Commo Gibb (Pall 1) Pelebuah	And Andrews and An	
STREET ADDRESS	NO. AND STREET	CIT	Y	ЭНД	an a	STATE	ZIP CODE	The second se	measanconich arandi-franconolimbolainista
Small Contribu	utor Committee/_	te qualified			Control of the Contro		rsammen ann a-marth Afrika (in air tha Afrika (in air tha Afrika (in air tha Afrika (in air tha Afrika (in air		simpege conding and distribute sistems and Apple Prices

## 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.