

**Statement of Organization
Recipient Committee**

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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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				NAME OF TREASURER James Aragon						
STREET ADDRESS (NO P.O. BOX) [REDACTED]				CITY Oxnard		STATE CA	ZIP CODE 93030	AREA CODE/PHONE (805) 263-3343		
CITY Oxnard		STATE CA	ZIP CODE 93030	AREA CODE/PHONE (805) 404-8693						
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]		CITY Camarillo		STATE CA	ZIP CODE 93010	AREA CODE/PHONE (805) 377-2628
COUNTY OF DOMICILE Ventura		JURISDICTION WHERE COMMITTEE IS ACTIVE Oxnard		NAME OF PRINCIPAL OFFICER(S) Aaron Starr						
Attach additional information on appropriately labeled continuation sheets.				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 Califo

Executed on	<u>01/31/2021</u>	By	[REDACTED]	_____ TREASURER
Executed on	<u>1/31/2021</u>	By	[REDACTED]	_____ TE, OR STATE MEASURE PROPONENT
Executed on	_____	By	[REDACTED]	_____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on	_____	By	[REDACTED]	_____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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COMMITTEE NAME Starr Coalition for Moving Oxnard Forward	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 [REDACTED]	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	

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

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COMMITTEE NAME

Starr Coalition for Moving Oxnard Forward

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

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

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.