

42
**Statement of Organization
 Recipient Committee**

1379113

Statement Type Initial Amendment Termination - See Part 5
 Not yet qualified or List I.D. number: # _____
 _____/_____/_____ # _____
 Date qualified as committee Date qualified as committee Date of Termination
 (If applicable)

Date Stamp

CALIFORNIA FORM 410

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RECEIVED AND FILED
 in the office of the Secretary of State
 of the State of California

AUG 10 2015

1. Committee Information

NAME OF COMMITTEE
 Tony Vallejo for City Council 2016

STREET ADDRESS (NO P.O. BOX)
 6253 Guava Ave

CITY STATE ZIP CODE AREA CODE/PHONE
 Goleta Ca 93117 (805)845-2046

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS
 (805)845-2046/tony@tonyvallejo-cpa.com

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
 Santa Barbara City of Goleta

2. Treasurer and Other Principal Officers

NAME OF TREASURER
 Tony Vallejo

STREET ADDRESS (NO P.O. BOX)
 6253 Guava Ave

CITY STATE ZIP CODE AREA CODE/PHONE
 Goleta Ca 93117 (805)845-2046

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

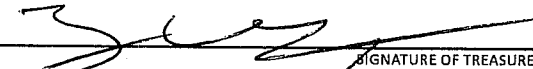
STREET ADDRESS (NO P.O. BOX)


CITY STATE ZIP CODE AREA CODE/PHONE

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 8/5/15 By  SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 8/5/15 By  SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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INSTRUCTIONS ON REVERSE

**CALIFORNIA
FORM 410**

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COMMITTEE NAME

Tony Vallejo for City Council 2016

I.D. NUMBER

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION Montecito Bank and Trust	AREA CODE/PHONE (805)963-7511	BANK ACCOUNT NUMBER 193396763
ADDRESS 5658 Calle Real	CITY Goleta	STATE ZIP CODE Ca 93117

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."
- 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
Tony Vallejo	Goleta City Council	2016	<input checked="" type="checkbox"/> Nonpartisan
			<input type="checkbox"/> Nonpartisan

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)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>