

JUN 13 2016

Statement of Organization Recipient Committee

Statement Type

Initial

Not yet qualified or

Amendment

List I.D. number:

128874

07/20/2006

Date qualified as committee

Date qualified as committee (if applicable)

Termination - See Part 5

List I.D. number:

#

Date of Termination

RECEIVED AND FILED in the office of the Secretary of State of the State of California MAY 8 1 2016 CALIFORNIA FORM 410 For Official Use Only 2016 JUN 16 PM 2:47 #128874

1. Committee Information

NAME OF COMMITTEE

RE-ELECT MICHAEL T. BENNETT FOR CITY COUNCIL 2018

STREET ADDRESS (NO P.O. BOX)

5662 CALLE REAL #407

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Goleta

CA

93117

(805)563-1049

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE

JURISDICTION WHERE COMMITTEE IS ACTIVE

2. Treasurer and Other Principal Officers

NAME OF TREASURER

David L. Peri

STREET ADDRESS (NO P.O. BOX)

360 S. Hope Avenue, Suite C300

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Santa Barbara

CA

93105

(805)563-1049

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

David L. Peri

STREET ADDRESS (NO P.O. BOX)

360 S. Hope Avenue, Suite C300

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Santa Barbara

CA

93105

(805)563-1049

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

5/25/16

By

Signature of David L. Peri

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on

5/25/16

By

Signature of Michael T. Bennett

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

Page 2

COMMITTEE NAME
RE-ELECT MICHAEL T. BENNETT FOR CITY COUNCIL 2018

I.D. NUMBER
128874

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

NAME OF FINANCIAL INSTITUTION Heritage Oaks Bank	AREA CODE/PHONE (805)899-4300	BANK ACCOUNT NUMBER [REDACTED]	
ADDRESS 1035 State Street	CITY Santa Barbara	STATE CA	ZIP CODE 93101

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
Michael T. Bennett	Council Member - City of Goleta	2018	<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"/>

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 3

I.D. NUMBER

128874

COMMITTEE NAME
RE-ELECT MICHAEL T. BENNETT FOR CITY COUNCIL 2018

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

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

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.