

**Statement of Organization
Recipient Committee**

Statement Type Initial
Not yet qualified or
_____/_____/_____
Date qualified as committee

Amendment
List I.D. number:
1381638

03 / 10 / 2016
Date qualified as committee
(If applicable)

Termination – See Part 5
List I.D. number:

_____/_____/_____
Date of Termination

Date Stamp	CALIFORNIA FORM 410 For Official Use Only 2016 MAR 31 PM 2:41

1. Committee Information

NAME OF COMMITTEE
Goleta Valley Chamber of Commerce Political Action Committee

STREET ADDRESS (NO P.O. BOX)
5662 Calle Real, #204

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Goleta	CA	93117	(818) 260-0669

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS
kristen@goletavalley.com

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
Santa Barbara	

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Kristen Miller

STREET ADDRESS (NO P.O. BOX)
5662 Calle Real, #204

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Goleta	CA	93117	(805) 967-2500

NAME OF ASSISTANT TREASURER, IF ANY
Stacy Owens

STREET ADDRESS (NO P.O. BOX)
5940 College Avenue, Suite F

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Oakland	CA	94618	(510) 652-1000

NAME OF PRINCIPAL OFFICER(S)
Kristen Miller

STREET ADDRESS (NO P.O. BOX)
5662 Calle Real, #204

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Goleta	CA	93117	(818) 260-0669

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	3/19/2016	By		SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on	3/19/2016	By		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

COMMITTEE NAME Goleta Valley Chamber of Commerce Political Action Committee	I.D. NUMBER 1381638
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- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION Heritago 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
			<input 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

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Goleta Valley Chamber of Commerce Political Action Committee

I.D. NUMBER

1381638

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

To support candidates who support the interests of the Goleta business community.

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

Goleta Valley Chamber of Commerce

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

Chamber of Commerce

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

5662 Calle Real, #204

Goleta

CA

93117

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.

**Additional Comments
For Form 410**

ADDITIONAL COMMENTS

CALIFORNIA
FORM **410**

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COMMITTEE NAME

Goleta Valley Chamber of Commerce Political Action Committee

I.D. NUMBER

1381638

The committee has qualified and bank information has been updated.