Statement of C Recipient Con	CITY CALIFORNIA 410						
Statement Type		Amendment List I.D. number:	Termina List I.D. number	tion – See Part 5 er:	7	2016 JUL 20	For Official Use Only
	//	Date qualified as committee (If applicable)	Date of Te	ermination			
1. Committee In	formation				ther Principal Officer	S	
	for Goleta City Counci	I 2016		Stuart Kasdin street address (no p.o. box) 7636 Hollister A	ve.Unit 258		
STREET ADDRESS (NO P.C	•			СІТУ	STATE	ZIP CODE	AREA CODE/PHONE
	Avenue, Unit 258			Goleta		93117	(805)717-6486
Goleta MAILING ADDRESS (IF DI	STATE CA 93	ZIP CODE AREA COD 3117 (805)71	7-6486	NAME OF ASSISTANT TREASURER STREET ADDRESS (NO P.O. BOX)	R, IF ANY		
FAX/E-MAIL ADDRESS stuart.kasdin.g	mail com			CITY	STATE	ZIP CODE	AREA CODE/PHONE
COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE				NAME OF PRINCIPAL OFFICER(S)			
Santa Barbara	City of Go	eta					
				STREET ADDRESS (NO P.O. BOX)			
Attach additional	information on appropriately	y labeled continuation she	ets.	CITY	STATE	ZIP CODE	AREA CODE/PHONE
3. Verification I have used all rependity of perjue Executed on Executed on	easonable diligence in prepa iry under the laws of the Stat A 19 206 By	te of California that the for	regoing is true a	knowledge the informatind correct. FTREASURER OR ASSISTANT TREASURER CONTROLLER, CANDIDATE, OR STATE	JRER	true and comp	lete. I certify under
Executed on	DATE By	SIGNATU	RE OF CONTROLLING OF	FICEHOLDER, CANDIDATE, OR STATE	MEASURE PROPONENT		
Executed on	Ву	5		FFICEHOLDER, CANDIDATE, OR STATE			

FPPC Form 410 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Statement of Organization Recipient Committee Instructions on reverse					CALIFORNIA 410
COMMITTEE NAME Stuart Kasdin for Goleta City Council 2016	Page 2 I.D. NUMBER				
Stuart Rasult for Goleta City Council 2016		<u>;;</u>		·	
All committees must list the financial institution where the campaign	bank accoun	t is located.			
NAME OF FINANCIAL INSTITUTION	AREA CO	DDE/PHONE	BANK ACCOUN	TNUMBER	
Wells Fargo	(805	5)967-1242			
ADDRESS	CITY		STATE	ZIP CODE	
195 N. Fairview Ave.	Gole	eta	CA	93117	
4. Type of Committee Complete the applicable sections.					
Controlled Committee					
• List the name of each controlling officeholder, candidate, or stadistrict number, if any, and the year of the election.	te measure p	proponent. If candidate	e or officeholder co	ontrolled, also list the e	lective office sought or held, and
• List the political party with which each officeholder or candidat	e is affiliated	or check "nonpartisan.	"		
• If this committee acts jointly with another controlled committee	e, list the nar	me and identification nu	umber of the other	controlled committee.	,
NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT		ELECTIVE OFFICE SOUG (INCLUDE DISTRICT NUMBE		YEAR OF ELECTIC	ON PARTY
Stuart R. Kasdin		Goleta City Council 2016			Nonpartisan
					Nonpartisan
Primarily Formed Committee Primarily formed to support or	oppose spec	rific candidates or meas	ures in a single ele	ction. List below:	
CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR L	ETTER)			D OR MEASURE(S) JURISDICTIC (COUNTY, AS APPLICABLE)	ON CHECK ONE
					SUPPORT OPPOSE

SUPPORT

OPPOSE