

**Statement of Organization  
Recipient Committee**

Statement Type  Initial  
Not yet qualified  or

CITY OF GOLETA  
CITY CLERK'S OFFICE

Amendment  
List I.D. number:  
2016 OCT 20 PM 3:41

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

# 1348176

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date qualified as committee

06 / 19 / 2012  
Date qualified as committee  
(if applicable)

09 / 23 / 2016  
Date of Termination

Date Stamp

**RECEIVED AND FILED**  
in the office of the Secretary of State  
of the State of California  
OCT 03 2016

**CALIFORNIA FORM 410**

For Official Use Only  
**FILED**  
OCT 14 2016  
SANTA BARBARA COUNTY  
ELECTIONS

**1. Committee Information**

NAME OF COMMITTEE

Jim Farr for Goleta City Council 2016

STREET ADDRESS (NO P.O. BOX)

6269 Shamrock Ave.

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Goleta	CA	93117	(805)689-9094

MAILING ADDRESS (IF DIFFERENT)

Post Office Box 1805, Goleta, CA 93116

FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE

Santa Barbara County

JURISDICTION WHERE COMMITTEE IS ACTIVE

City of Goleta

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER

Frank J. Artusio

STREET ADDRESS (NO P.O. BOX)

415 Donze Ave.

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Santa Barbara	CA	93101	(805)451-3034

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 September 28 2016

Frank J. Artusio TREASURER  
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on September 25 2016

[Signature]  
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