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Statement of Organization Recipient Committee

Statement Type

Initial Not yet qualified or

Amendment List I.D. number:

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

9/21/2016 Date qualified as committee

Date qualified as committee (If applicable)

Date of Termination

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

SEP 26 2016

CALIFORNIA FORM 410 For Official Use Only 2016 OCT 20 PM 3:41 R/UP

1. Committee Information

NAME OF COMMITTEE: Dave Haws for City Council 2016. STREET ADDRESS: 6166 Barrington Dr. CITY: Goleta STATE: C.A. ZIP CODE: 93117. COUNTY OF DOMICILE: Santa Barbara JURISDICTION WHERE COMMITTEE IS ACTIVE: City of Goleta

2. Treasurer and Other Principal Officers

NAME OF TREASURER: Dave Haws. STREET ADDRESS: 6166 Barrington Dr. CITY: Goleta STATE: CA. ZIP CODE: 93117. AREA CODE/PHONE: (805)757-6492

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 9/21/2016 By Dave Haws. Executed on 9/21/2016 By Dave Haws. Executed on _____ By _____. Executed on _____ By _____.

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

I.D. NUMBER

Dave Haws for City Council 2016

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

NAME OF FINANCIAL INSTITUTION

AREA CODE/PHONE

Heritage Oaks Bank

(805) 879-7139

ADDRESS

CITY

STATE

ZIP CODE

5738 Calle Real

Goleta

C.A.

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
Dave Haws	Council Member, Goleta	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 <input type="checkbox"/>	OPPOSE <input type="checkbox"/>
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>