

**Statement of Organization  
Recipient Committee**

Statement Type

Initial

Not yet qualified  or

Amendment

List I.D. number:

1367563

#

07 / 08 / 2014

Date qualified as committee

Date qualified as committee  
(If applicable)

Termination - See Part 5

List I.D. number:

#

Date of Termination

CITY OF GOLETA  
CITY CLERK'S OFFICE  
2015 MAR 18 PM 12:56

Date Stamp

CALIFORNIA FORM 410

For Official Use Only

**1. Committee Information**

NAME OF COMMITTEE

Roger Aceves for Goleta City Council 2014

STREET ADDRESS (NO P.O. BOX)

643 Ardmore Drive

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Goleta	Ca	93117	805 895 8105

MAILING ADDRESS (IF DIFFERENT)

P.O. Box 963 Goleta, CA 93116

FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE  
Santa Barbara

JURISDICTION WHERE COMMITTEE IS ACTIVE  
City of Goleta

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER

Roger S. Aceves

STREET ADDRESS (NO P.O. BOX)

643 Ardmore Drive

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Goleta	CA	93117	805 895 8105

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 03-18-15 By [Signature]  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 03-18-15 By [Signature]  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT