Statement of C Recipient Con	_				Date Stamp	BAIDUHAU LI LINONE	FORNIA 410
Statement Type	☐ Initial Not yet qualified ☐ or	Amendment List I.D. number: 1367563	Termination – See Part 5 List I.D. number: #		RECEIVED AND		For Official Use Only
	//	07 08 2014 Date qualified as committee (If applicable)			in the office of the Secretar of the State of Californ MAR 23 2015	y of State nia	of State
1. Committee In NAME OF COMMITTEE Roger Aceves	nformation for Goleta City Counc	il 2014	Y E N E N E III	2. Treasurer and NAME OF TREASURER Roger S. Ace	Other Principal Officers		
street address (NO P.O. BOX) 643 Ardmore Drive				street address (no p.o. box) 643 Ardmore Drive			
Goleta	STATE ZIP CODE AREA CODE/PHONE Ca 93117 805 895 810			Goleta			AREA CODE/PHONE 805 895 8105
P.O. Box 963 (FFERENT) Goleta, CA 93116			NAME OF ASSISTANT TREAS	URER, IF ANY		
FAX / E-MAIL ADDRESS				STREET ADDRESS (NO P.O. B	OX)		
county of Domicile Santa Barbara	JURISDICTION WHEE	RE COMMITTEE IS ACTIVE		СІТУ	STATE	ZIP CODE	AREA CODE/PHONE
				NAME OF PRINCIPAL OFFICE	R(S)		
Attach additional	information on appropriately	v labeled continuation shee	ts.	STREET ADDRESS (NO P.O. B	OX}		
				CITY	STATE	ZIP CODE	AREA CODE/PHONE
penalty of perju	easonable diligence in prepairy under the laws of the Stat 3 - 18 - 15 By	e of California that the fore	SIGNATURE OF CONTROLLING OF	y knowledge the infor and correct. OF TREASURER OR ASSISTANT TRE DEFICEHOLDER, CANDIDATE, OR ST	ASURER TATE MEASURE PROPONENT TATE MEASURE PROPONENT	rue and compl	ete. I certify under