

**Statement of Organization  
Recipient Committee**

Statement Type  Initial  Amendment  Termination – See Part 5  
 Not yet qualified  or List I.D. number: # \_\_\_\_\_  
 \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ # \_\_\_\_\_  
 Date qualified as committee Date qualified as committee (if applicable) 12/31/2016  
 Date of Termination

Date Stamp	<b>CALIFORNIA FORM 410</b>
CITY OF GOLETA CALIFORNIA  JAN 30 2017 3:30 PM RECEIVED	
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**1. Committee Information**

NAME OF COMMITTEE  
**Aaron Swaney for Goleta City Council 2016**

STREET ADDRESS (NO P.O. BOX)  
**118 Salisbury Ave.**

CITY STATE ZIP CODE AREA CODE/PHONE  
**Goleta CA 93117 (805)303-1465**

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE  
**Santa Barbara County City of Goleta**

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER  
**Jon Ludwick**

STREET ADDRESS (NO P.O. BOX)  
**3080 Calle Madera**

CITY STATE ZIP CODE AREA CODE/PHONE  
**Santa Barbara CA 93105 (805)583-9425**

NAME OF ASSISTANT TREASURER, IF ANY  
**Aaron Swaney**

STREET ADDRESS (NO P.O. BOX)  
**118 Salisbury Ave.**

CITY STATE ZIP CODE AREA CODE/PHONE  
**Goleta CA 93117 (805)303-1465**

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 01/30/2017 By [Signature]  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 01/30/2017 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 \_\_\_\_\_  
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