

**Statement of Organization
Recipient Committee**

Statement Type Initial
 Not yet qualified or

 Date qualified as committee

Amendment
 List I.D. number:
 # _____

 Date qualified as committee
 (if applicable)

Termination – See Part 5
 List I.D. number:
 # 1305904
 03 / 10 / 2016
 Date of Termination

Date Stamp
**CITY OF GOLETA
 CITY CLERK'S OFFICE**
 2017 JUN 26 PM 4:59

**CALIFORNIA
 FORM 410**
 For Official Use Only

1. Committee Information

NAME OF COMMITTEE
 Goleta PAC, Sponsored by: Goleta Valley Chamber of Commerce
 STREET ADDRESS (NO P.O. BOX)
 5662 Calle Real, #204
 CITY STATE ZIP CODE AREA CODE/PHONE
 Goleta CA 93117 (818) 260-0669
 MAILING ADDRESS (IF DIFFERENT)
 P.O. Box 781 Goleta, CA 93116
 FAX / E-MAIL ADDRESS
 COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
 Santa Barbara

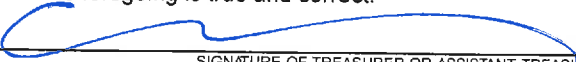
2. Treasurer and Other Principal Officers

NAME OF TREASURER
 Ms. Kristen Amyx
 STREET ADDRESS (NO P.O. BOX)
 5662 Calle Real, #204
 CITY STATE ZIP CODE AREA CODE/PHONE
 Goleta CA 93117 (805) 967-2500
 NAME OF ASSISTANT TREASURER, IF ANY
 Ms. Stacy E. Owens
 STREET ADDRESS (NO P.O. BOX)
 5940 College Avenue
 CITY STATE ZIP CODE AREA CODE/PHONE
 Oakland CA 94618 (510) 652-1000
 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 6/12/2017 By 
 DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER
 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
 Executed on _____ By _____
 DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Statement of Organization Recipient Committee

CALIFORNIA FORM 410

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Goleta PAC, Sponsored by: Goleta Valley Chamber of Commerce

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

NAME OF FINANCIAL INSTITUTION [REDACTED]	AREA CODE/PHONE [REDACTED]	BANK ACCOUNT NUMBER [REDACTED]
ADDRESS [REDACTED]	CITY [REDACTED]	STATE ZIP CODE [REDACTED]

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
			<input 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	OPPOSE

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INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Goleta PAC, Sponsored by: Goleta Valley Chamber of Commerce

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I.D. NUMBER

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4. Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

CITY Committee COUNTY Committee STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

To support candidates and issues of interest to the Goleta Valley Chamber of Commerce

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

Goleta Valley Chamber of Commerce

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

Chamber of Commerce

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

5662 Calle Real, #204

Goleta

CA

93117

Small Contributor Committee

____/____/____
Date qualified

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
 - This committee does not anticipate receiving contributions or making expenditures in the future;
 - This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
 - This committee has no surplus funds; and
 - This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
- Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.