

**Statement of Organization  
Recipient Committee**

10#1390495



**CALIFORNIA FORM 410**  
For Official Use Only

Statement Type  Initial  Amendment  Termination - See Part 5  
 Not yet qualified or  Date qualified as committee 09/06/2016  
 Date qualified as committee (If amending to provide this date) \_\_\_\_\_  
 Date of termination 07/05/2017

**1. Committee Information** I.D. Number (if applicable) 1390495 **2. Treasurer and Other Principal Officers**

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) \_\_\_\_\_

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)  
Aaron@aaronswaney.com

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

NAME OF TREASURER  
Jan Ludwick

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

CITY STATE ZIP CODE AREA CODE/PHONE  
Santa Barbara CA 93103 (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 07/05/2017 By \_\_\_\_\_  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 07/05/2017 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