

**Statement of Organization  
Recipient Committee**

Statement Type  Initial  Amendment  Termination - See Part 5  
 Not yet qualified  or List I.D. number: List I.D. number:  
 # \_\_\_\_\_ # 1305904  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ 03 / 10 / 2016  
 Date qualified as committee Date qualified as committee Date of Termination  
 (If applicable)

Date Stamp  
**RECEIVED AND FILE**  
 in the office of the Secretary of State  
 of the State of California  
**JUN 26 2017**

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**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**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME Goleta PAC, Sponsored by: Goleta Valley Chamber of Commerce	I.D. NUMBER 1305904
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- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION Heritage Oaks Bank	AREA CODE/PHONE (805) 899-4300	BANK ACCOUNT NUMBER 15009624	
ADDRESS 1035 State Street	CITY Santa Barbara	STATE CA	ZIP CODE 93101

**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

Statement of Organization  
Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Goleta PAC, Sponsored by: Goleta Valley Chamber of Commerce

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I.D. NUMBER

1305904

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.