

**Statement of Organization
Recipient Committee**

Statement Type: Initial

Not yet qualified

Date qualified as committee

2018 JAN 25 PM 3:14

09, 06, 2016

Amendment

Termination - See Part 5

Date qualified as committee
(If amend to provide this date)

07, 05, 2017

Date of termination

ID# 1390495

RECEIVED AND FILED in the office of the Secretary of the State of California JUL 10 2017	CALIFORNIA FORM 410 For Official Use Only RECEIVED AND FILED in the office of the Secretary of State of the State of California JAN 10 2018
--	---

1. Committee Information

I.D. Number (if applicable)

130495

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

Santa Barbara

JURISDICTION WHERE COMMITTEE ACTIVE

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

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 intinuation 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 Jonathan Ludwick

Executed on 07/05/2017 By Aaron Swaney

Executed on _____ By _____

Executed on _____ By _____

Executed on _____ By _____