

**Statement of Organization  
Recipient Committee**

Statement Type

Initial

Amendment

Termination -- See Part 5

Not yet qualified

or

Date qualified as committee

02 / 10 / 12  
Date qualified as committee

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date of termination

Date Stamp

CITY OF GOLETA  
CITY CLERK'S OFFICE  
2018 MAR -6 PM 3:49

CALIFORNIA FORM 410

For Official Use Only

**1. Committee Information**

I.D. Number  
(if applicable)

1345172

NAME OF COMMITTEE

THE GOODLAND COALITION FOR GOLETA

STREET ADDRESS (NO P.O. BOX)

5710 HOLLISTER AVENUE #234

CITY

STATE

ZIP CODE

AREA CODE/PHONE

GOLETA

CA

93117

(805) 964-8166

MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)

info@thegoodlandcoalition.org

COUNTY OF DOMICILE

SANTA BARBARA

JURISDICTION WHERE COMMITTEE IS ACTIVE

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER

KATHLEEN WERNER

STREET ADDRESS (NO P.O. BOX)

359 PRINCETON AVENUE

CITY

STATE

ZIP CODE

AREA CODE/PHONE

GOLETA

CA

93111

(805) 252-3353

NAME OF ASSISTANT TREASURER, IF ANY

ROBERT WIGNOT

STREET ADDRESS (NO P.O. BOX)

6155 VERDURA AVENUE

CITY

STATE

ZIP CODE

AREA CODE/PHONE

GOLETA

CA

93117

(805) 964-8166

NAME OF PRINCIPAL OFFICER(S)

GEORGE RELLES

STREET ADDRESS (NO P.O. BOX)

484 VALDEZ AVENUE

CITY

STATE

ZIP CODE

AREA CODE/PHONE

GOLETA

CA

93117

(805) 683-4829

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 MARCH 3, 2018

DATE

By

*Robert Wignot*  
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

FPPC Form 410 (February/2018)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

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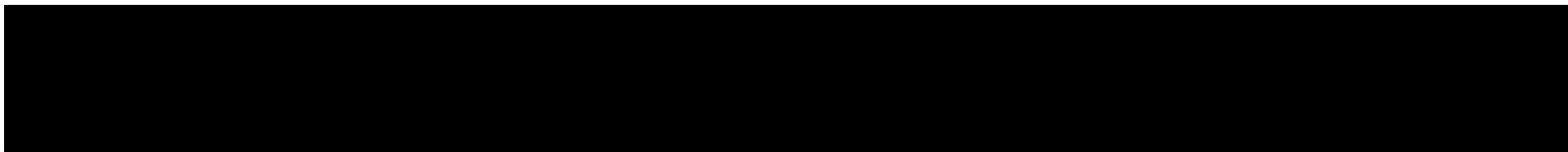
COMMITTEE NAME

THE GOODLAND COALITION FOR GOLETA

I.D. NUMBER

1345172

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



**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." Stating "No party preference" is acceptable.
- 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<br>(INCLUDE DISTRICT NUMBER IF APPLICABLE) | YEAR OF<br>ELECTION | CHECK ONE                               |                                      | PARTY<br>(list political party below) |
|--|---|---------------------|---|--------------------------------------|---------------------------------------|
|  |   |                     | Nonpartisan<br><input type="checkbox"/> | Partisan<br><input type="checkbox"/> |                                       |
|  |   |                     | <input type="checkbox"/>                | <input type="checkbox"/>             |                                       |
|  |   |                     | <input type="checkbox"/>                | <input type="checkbox"/>             |                                       |

**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)<br>IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME. | CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION<br>(INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE) | CHECK ONE                           |                                    |
|---|--|-------------------------------------|------------------------------------|
|   |  | SUPPORT<br><input type="checkbox"/> | OPPOSE<br><input type="checkbox"/> |
|   |  | <input type="checkbox"/>            | <input type="checkbox"/>           |
|   |  | <input type="checkbox"/>            | <input type="checkbox"/>           |

**Statement of Organization  
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COMMITTEE NAME

THE GOODLAND COALITION FOR GOLETA

I.D. NUMBER

1345172

**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  Political Party/Central Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

FORMED TO SUPPORT AND ADVOCATE FOR VARIOUS CANDIDATES AND BALLOT MEASURES IN JURISDICTIONS OF SANTA BARBARA COUNTY.

**Sponsored Committee**

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

**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.

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