

Recipient Committee Campaign Statement – Short Form

SEE INSTRUCTIONS ON REVERSE

For use by recipient committees that have not received a contribution or other receipt that must be itemized, have not received or made loans, and have no outstanding accrued expenses.

Statement covers period
from 01/01/2018
through 06/30/2018

Date of election if applicable:
(Month, Day, Year)

Date Stamp
CITY OF GOLETA
CITY CLERK'S OFFICE
2018 JUL -9 AM 10:27

CALIFORNIA FORM **450**
Page 1 of 2
For Official Use Only

1. Type of Recipient Committee:

- Ballot Measure Committee
 Primarily Formed
 Controlled
 Sponsored
- General Purpose Committee
 Sponsored
 Small Contributor Committee
- Primarily Formed Candidate/Officeholder Committee

2. Type of Statement:

- Pre-election Statement
 Semi-annual Statement
 Termination Statement
- Quarterly Statement
 Special Odd-year Report
- Amendment (Explain) _____
 (Also check type of statement you are amending)

3. Committee Information

I.D. NUMBER
1345172

COMMITTEE NAME
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) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
KATHLEEN WERNER

MAILING ADDRESS
359 PRINCETON AVENUE

CITY	STATE	ZIP CODE	AREA CODE/PHONE
GOLETA	CA	93111	(805) 252-3353

NAME OF ASSISTANT TREASURER, IF ANY
ROBERT WIGNOT

MAILING ADDRESS
6155 VERDURA AVENUE

CITY	STATE	ZIP CODE	AREA CODE/PHONE
GOLETA	CA	93117	(805) 964-8166

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification


I have used all reasonable diligence in preparing and reviewing 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 07/02/2018
DATE

Executed on _____
DATE

Executed on _____
DATE

Executed on _____
DATE

By 
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT, OR RESPONSIBLE OFFICER OF SPONSOR

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

**Recipient Committee
Campaign Statement
Summary Page**

Amounts may be rounded
to whole dollars.

SHORT FORM

Statement covers period from <u>01/01/2018</u> through <u>06/30/2018</u>	CALIFORNIA FORM 450 Page <u>2</u> of <u>2</u>
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NAME OF COMMITTEE THE GOODLAND COALITION FOR GOLETA	I.D. NUMBER 1345172
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Expenditures Made

1. Expenditures of \$100 or more made this period	\$	<u>0.00</u>
2. Expenditures under \$100 made this period (Not Itemized.)		<u>50.00</u>
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD..... <i>Add Lines 1 + 2</i>	\$	<u>50.00</u>
4. Nonmonetary Adjustment..... <i>From Line 8 Below</i>		<u>0.00</u>
5. Total expenditures made from previous statement <i>Previous Summary Page, Line 6</i> <i>(if this is the first statement for the calendar year, enter zero.)</i>	\$	<u>0.00</u>
6. TOTAL EXPENDITURES MADE TO DATE <i>Add Lines 3 + 4 + 5</i>	\$	<u>50.00</u>

Contributions Received

7. Monetary contributions received this period.....	\$	<u>95.00</u>
8. Non-monetary contributions received this period.....		<u>0.00</u>
9. Total contributions received from previous statement <i>Previous Summary Page, Line 10</i> <i>(if this is the first statement for the calendar year, enter zero.)</i>	\$	<u>0.00</u>
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE <i>Add Lines 7 + 8 + 9</i>	\$	<u>95.00</u>

Current Cash Statement

11. Beginning cash balance <i>Previous Summary Page, Line 15</i>	\$	<u>1,021.00</u>
12. Cash receipts this period..... <i>Line 7 above</i>		<u>95.00</u>
13. Miscellaneous increases to cash	\$	<u>0.00</u>
14. Cash expenditures this period..... <i>Line 3 above</i>		<u>50.00</u>
15. ENDING CASH BALANCE THIS PERIOD <i>Add Lines 11 + 12 + 13, then subtract Line 14</i>	\$	<u>1,066.00</u>