

**Statement of Organization  
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial	<input type="checkbox"/> Amendment	<input checked="" type="checkbox"/> Termination – See Part 5
<input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met	Date qualification threshold met ____/____/____	Date of termination 12 / 31 / 2018

Date Stamp CITY OF GOLETA CITY CLERK'S OFFICE 219 JAN 31 PM 1:54	<b>CALIFORNIA FORM 410</b> For Official Use Only
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<b>1. Committee Information</b>	<b>2. Treasurer and Other Principal Officers</b>
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**I.D. Number**  
(if applicable) 1402353

NAME OF COMMITTEE  
MICHAEL BENNETT FOR MAYOR 2018

STREET ADDRESS (NO P.O. BOX)  
360 S. HOPE AVE SUITE C300

CITY	STATE	ZIP CODE	AREA CODE/PHONE
SANTA BARBARA	CA	93105	(805) 563-1049

FULL MAILING ADDRESS (IF DIFFERENT)  
PO BOX 22557 SANTA BARBARA, CA 93121

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)  
INFO@PACPA.COM (805) 563-1158

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
SANTA BARBARA	GOLETA

NAME OF TREASURER  
DAVID PERI

STREET ADDRESS (NO P.O. BOX)  
360 S. HOPE AVE SUITE C300

CITY	STATE	ZIP CODE	AREA CODE/PHONE
SANTA BARBARA	CA	93105	(805) 563-1049

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE

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	<u>Jan 29, 2018</u>	By		SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on	<u>Jan 29, 2019</u>	By		SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on	_____	By	_____	SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on	_____	By	_____	SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPONENT

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INSTRUCTIONS ON REVERSE

**CALIFORNIA  
FORM 410**

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I.D. NUMBER  
1402353

COMMITTEE NAME  
Michael Bennett for Mayor 2018

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

NAME OF FINANCIAL INSTITUTION Paficic Premier Bank	AREA CODE/PHONE 866-353-1476	BANK ACCOUNT NUMBER 4317182703
ADDRESS PO Box 25171	CITY Santa Ana	STATE CA
		ZIP CODE 92799-9810

**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
Michael Bennett	Sought : Mayor City- Goleta	2018	<input type="checkbox"/> Nonpartisan Unknown
			<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
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

