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# Statement of Organization Recipient Committee

Statement Type

Initial

Not yet qualified  or

Amendment

List I.D. number:

# 1387560

06 / 07 / 2016

Date qualified as committee (If applicable)

Termination - See Part 5

List I.D. number:

# \_\_\_\_\_

Date of Termination

Date Stamp

RECEIVED AND FILED  
in the office of the Secretary of State  
of the State of California

JUL 09 2020

CALIFORNIA FORM 410

For Official Use Only

## 1. Committee Information

NAME OF COMMITTEE

Stuart Kasdin for Goleta City Council 2020

STREET ADDRESS (NO P.O. BOX)

7636 Hollister Avenue, Unit 258

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Goleta

CA

93117

(805)717-6486

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS

stuart.kasdin@gmail.com

COUNTY OF DOMICILE

Santa Barbara

JURISDICTION WHERE COMMITTEE IS ACTIVE

City of Goleta

## 2. Treasurer and Other Principal Officers

NAME OF TREASURER

Stuart Kasdin

STREET ADDRESS (NO P.O. BOX)

7636 Hollister Ave. Unit 258

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Goleta

CA

93117

(805)717-6486

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

DATE

July 2, 2020

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on

DATE

July 2, 2020

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

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Recipient Committee**

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COMMITTEE NAME

Stuart Kasdin for Goleta City Council 2020

I.D. NUMBER

1387560

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

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	ACCOUNT NUMBER

**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
Stuart R. Kasdin	Goleta City Council	2020	<input checked="" 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
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

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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

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

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.

Additional Comments

Additional Comments

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COMMITTEE NAME

I.D. NUMBER

**Stuart Kasdin for Goleta City Council 2020**

**1387560**

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This amendment is made because Stuart Kasdin, city council member of the City of Goleta, is seeking re-election to the same office. His campaign committee name is being re-designated from "Stuart Kasdin for Goleta City Council 2016" to "Stuart Kasdin for Goleta City Council 2020." The campaign committee bank account is being re-designated to serve the 2020 election. All other information remains the same.

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