

**Statement of Organization  
Recipient Committee**



**Statement Type**

Initial  
 Not yet qualified or  
 Date qualification threshold met

Amendment  
 Date qualification threshold met \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Termination – See Part 5  
 Date of termination 03 / 30 / 2021

<b>1. Committee Information</b>		<b>2. Treasurer and Other Principal Officers</b>	
I.D. Number (if applicable) 1425421		NAME OF TREASURER Roger Aceves	
NAME OF COMMITTEE Roger Aceves for Goleta Mayor 2020		STREET ADDRESS (NO P.O. BOX) 643 Ardmore Drive	
STREET ADDRESS (NO P.O. BOX) 643 Ardmore Drive		CITY Goleta	STATE CA
CITY Goleta		ZIP CODE 93117	AREA CODE/PHONE
FULL MAILING ADDRESS (IF DIFFERENT) P.O.Box 963 Goleta, Ca 93117		NAME OF ASSISTANT TREASURER, IF ANY	
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)		STREET ADDRESS (NO P.O. BOX)	
COUNTY OF DOMICILE		CITY	STATE
JURISDICTION WHERE COMMITTEE IS ACTIVE		ZIP CODE	AREA CODE/PHONE
Attach additional information on appropriately labeled continuation sheets.		NAME OF PRINCIPAL OFFICER(S)	
		STREET ADDRESS (NO P.O. BOX)	
		CITY	STATE
		ZIP CODE	AREA CODE/PHONE

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 03-30-2021 By SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 03-30-2021 By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT