

~~FILED~~

~~MAR 21 2021~~

Rejected: \_\_\_\_\_

Returned: \_\_\_\_\_

18-9-21

**Statement of Organization Recipient Committee**

R42  
1436361

Statement Type

<input checked="" type="checkbox"/> Initial	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination - See Part 5
● Not yet qualified or ○ Date qualification threshold met	Date qualification threshold met	Date of termination
____/____/____	____/____/____	____/____/____

DATE STAMP: FEB 01 2021

SANTA BARBARA COUNTY RECEIVED AND FILED

CALIFORNIA FORM 410

RECEIVED AND FILED

FEB 16 2021

I.D. Number (if applicable)				Other Principal Officers			
NAME OF COMMITTEE Roger S. Aceves for Goleta City Council 2022				NAME OF TREASURER Roger S. Aceves			
STREET ADDRESS (NO P.O. BOX) 643 Ardmore Drive				STREET ADDRESS (NO P.O. BOX) 643 Ardmore Drive			
CITY Goleta	STATE CA	ZIP CODE 93117	AREA CODE/PHONE 805 895 8105	CITY Goleta	STATE CA	ZIP CODE 93117	AREA CODE/PHONE (805) 895-8105
FULL MAILING ADDRESS (IF DIFFERENT) P.O. Box 963 Goleta, Ca 93116				NAME OF ASSISTANT TREASURER, IF ANY			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) ROGER S ACEVES @ GMAIL.COM				STREET ADDRESS (NO P.O. BOX)			
COUNTY OF DOMICILE Santa Barbara	JURISDICTION WHERE COMMITTEE IS ACTIVE City of Goleta Santa Barbara			NAME OF PRINCIPAL OFFICER(S)			
Attach additional information on appropriately labeled continuation sheets.				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 01-29-2021 By [Signature] SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 01-29-2021 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

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME Roger S. Aceves for Goleta City Council 2022		I.D. NUMBER	
<p>• All committees must list the financial institution where the campaign bank account is located.</p>			
NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER	
ADDRESS	CITY	STATE	ZIP CODE
<p><b>A. Type of Committee</b> Complete the applicable sections.</p>			

**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 (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		
Roger S. Aceves	Goleta City Council	2022	Nonpartisan <input checked="" type="checkbox"/>	Partisan	(list political party below)
			Nonpartisan	Partisan	(list political party below)

**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) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
		SUPPORT	OPPOSE