

**Statement of Organization
Recipient Committee**

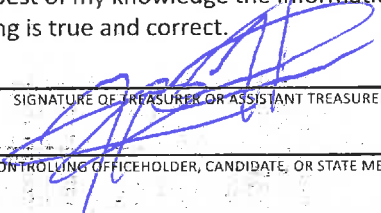
Statement Type

<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 / 21

Date Stamp	CALIFORNIA FORM 410
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	RECEIVED

1. Committee Information				I.D. Number 1429577 <small>(if applicable)</small>				2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE JUSTIN SHORES FOR GOLETA CITY COUNCIL 2020				NAME OF TREASURER JUSTIN SHORES							
STREET ADDRESS (NO P.O. BOX) 5708 HOLLISTER AVE #144				STREET ADDRESS (NO P.O. BOX) 5708 HOLLISTER AVE #144							
CITY GOLETA	STATE CA	ZIP CODE 93117	AREA CODE/PHONE 805-704-7774	CITY GOLETA	STATE CA	ZIP CODE 93117	AREA CODE/PHONE 805-704-7774	NAME OF ASSISTANT TREASURER, IF ANY YAZMIN SHORES			
FULL MAILING ADDRESS (IF DIFFERENT) 7386 CALLE REAL #14 GOLETA CA 93117				STREET ADDRESS (NO P.O. BOX) 7386 CALLE REAL #14							
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) SHORES4GOLETA@GMAIL.COM				CITY GOLETA	STATE CA	ZIP CODE 93117	AREA CODE/PHONE 805-252-7100				
COUNTY OF DOMICILE SANTA BARBARA	JURISDICTION WHERE COMMITTEE IS ACTIVE GOLETA			NAME OF PRINCIPAL OFFICER(S) JUSTIN SHORES							
<i>Attach additional information on appropriately labeled continuation sheets.</i>				STREET ADDRESS (NO P.O. BOX) 5708 HOLLISTER AVE #144							
				CITY GOLETA	STATE CA	ZIP CODE 93117	AREA CODE/PHONE 805-704-7774				
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>03/17/21</u>	By	
	DATE		SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on	<u>03/17/21</u>	By	_____
	DATE		SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on	_____	By	_____
	DATE		SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on	_____	By	_____
	DATE		SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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COMMITTEE NAME JUSTIN SHORES FOR GOLETA CITY COUNCIL 2020	I.D. NUMBER 1429577
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• All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER
[REDACTED]	[REDACTED]	[REDACTED]

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." 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		
JUSTIN SHORES	GOLETA CITY COUNCIL	2020	Nonpartisan <input checked="" type="checkbox"/>	Partisan <input type="checkbox"/>	(list political party below)
			Nonpartisan <input type="checkbox"/>	Partisan <input type="checkbox"/>	(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

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COMMITTEE NAME

JUSTIN SHORES FOR GOLETA CITY COUNCIL 2020

I.D. NUMBER

1429577

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

AREA CODE/PHONE

Small Contributor Committee

_____/_____/_____

Date qualified

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or ponent 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.