

**Statement of Organization
Recipient Committee**

Type or print in ink

STATEMENT OF ORGANIZATION

Statement Type Initial
Not yet qualified or

_____/_____/_____
Date qualified as committee

Amendment
List I.D. number:

1288474
_____/_____/_____
Date qualified as committee
(If applicable)

Termination - See Part 50
List I.D. number:

_____/_____/_____
Date of Termination

Date Stamp
CITY OF GOLETA
CITY CLERK'S OFFICE
2010 AUG 4 PM 4 50

CALIFORNIA FORM 410
For Official Use Only

1. Committee Information

NAME OF COMMITTEE
RE-ELECT COUNCIL MEMBER MICHAEL T. BENNETT 2010

STREET ADDRESS (NO P.O. BOX)
5662 CALLE REAL #407

CITY	STATE	ZIP CODE	AREA CODE/PHONE
GOLETA	CA	93117	805-563-1049

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE	COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER
JEREMY BALLEW

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
LINDA WILLIAMS

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 PRINCIPAL OFFICER(S)
JEREMY BALLEW

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

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 August 3, 2010
DATE

Executed on August 3, 2010
DATE

Executed on _____
DATE

Executed on _____
DATE

By [Signature]
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By [Signature]
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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COMMITTEE NAME

RE-ELECT COUNCIL MEMBER MICHAEL T. BENNETT 2010

I.D. NUMBER

1288474

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 "non-partisan."
- 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 T. BENNETT	GOLETA CITY COUNCIL	2010	<input checked="" type="checkbox"/> Non-Partisan
			<input type="checkbox"/> Non-Partisan

- List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER	
SANTA BARBARA BANK & TRUST	805-564-6410	100278530	
ADDRESS	CITY	STATE	ZIP CODE
3910 STATE ST.	SANTA BARBARA	CA	93105

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

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COMMITTEE NAME

RE-ELECT COUNCIL MEMBER MICHAEL T. BENNETT 2010

I.D. NUMBER

1288474

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.