Statement	Organization			•	STATEMI	ENT OF COANIZATION
Recipient Co	-	Type or print in ink		Date Stamp		ORNIA 410
Statement Type	☑ Initial Not yet qualified ☐ or	Amendment List I.D. number:	☐ Termination – See Part 5 List I.D. number: #	CITY OF GOLET	A	or Official Use Only
				2010 AUG 10 PM 1	45	
. Committee In	formation		Treasurer and Ot	her Principal Officers		
STREET ADDRESS	nann For G	életa Council 2010	NAME OF TREASURER Carisia A. I STREET ADDRESS (NO I CITY	Lloud	ZIP CODE	AREA CODE/PHONE
6293	Muirfield	Orive	Goleta	CA	93117	<u>- 619-300-30</u> 5
CITY		STATE ZIP CODE AREA CODE/		REASURER, IF ANY		
Goleta		CA 93117 805-705-	4353 STREET ADDRESS (NO I	P.O. BOX)	************************************	
MAILING ADDRESS	(IF DIFFERENT)					
			CITY	STATE	ZIP CODE	AREA CODE/PHONE
reynes	topelmanno	cox. net	NAME OF PRINCIPAL OF		2.450.000.000.000.000.000.000.000.000.000	
COUNTY OF DOMIC	CILE ICO	OUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERE IAN COUNTY OF DOMICILE	NT Keyne	tapelmann P.O. BOX)		
Santa	Zorpora"	AIV 00 00 00 00 00 00 00 00 00 00 00 00 00	6293 Mu	isfield Drive		
Attach additional information on appropriately labeled continuation sheets.			Goleta Goleta	STATE CA	ZIP CODE 93/17	AREA CODE/PHONE 805-705-435
B. Verification I have used all r perjury under th	easonable diligence in	preparing this statement and to the best of California that the foregoing is true and cor	of my knowledge the information crect.	ontained herein is true and co	omplete, I certi	fy under penalty of
Executed on	19/10 DATE	Ву	a. Alaca lawa	RE OF TREASURER OR ASSISTANT TREA	4SURER	
Executed on	7/9//0 DATE	By <u></u>	SIGNATURE OF CONTROLLIN	IG OFFICEHOLDER, CANDIDATE, OR STA	ITE MEASURE PROP	ONENT
Executed on	DATE	By	SIGNATURE OF CONTROLLIN	G OFFICEHOLDER, CANDIDATE, OR STA	TE MEASURE PROP	ONENT
Executed on	DATE	Ву	SIGNATURE OF CONTROLLIN	IG OFFICEHOLDER, CANDIDATE, OR STA	TE MEASURE PROP	ONENT

FPPC Form 410 (June/09) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)