

**Statement of Organization  
Recipient Committee**

42

Type or print in ink

STATEMENT OF ORGANIZATION

Statement Type  Initial  
 Not yet qualified  or  
 \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Date qualified as committee

Amendment  
 List I.D. number:  
 # 1285989  
 \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Date qualified as committee  
 (if applicable)

Termination - See Part 6  
 List I.D. number:  
 # \_\_\_\_\_  
 \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Date of Termination

Date Stamp  
 CITY OF GOLETA REC  
 CITY CLERK'S OFFICE  
 2009 JUN 10 PM 4 20

CALIFORNIA FORM 410  
 JUN 16 2009  
 DEBRA BOWEN  
 Secretary of State

**1. Committee Information**

NAME OF COMMITTEE  
 Friends of Roger Aceves for Goleta City Council 2010

STREET ADDRESS (NO P.O. BOX)  
 1711 De La Vina St #E

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Santa Barbara	CA	93101	805-682-3710

MAILING ADDRESS (IF DIFFERENT)  
 PO Box 963 Goleta, CA 93116

OPTIONAL: FAX / E-MAIL ADDRESS

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

Attach additional information on appropriately labeled continuation sheets.

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER  
 Linda Tuomi

STREET ADDRESS  
 1711 De La Vina St #E

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Santa Barbara	CA	93101	805-682-3710

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE

**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 6/1/09 DATE  
 Executed on 6-10-09 DATE  
 Executed on \_\_\_\_\_ DATE  
 Executed on \_\_\_\_\_ DATE

By Linda Tuomi SIGNATURE OF TREASURER OR ASSISTANT TREASURER  
 By \_\_\_\_\_ 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