

Statement of Organization
Recipient Committee

Type or print in ink

STATEMENT OF ORGANIZATION

Statement Type Initial
Not yet qualified or

8 / 19 / 10
Date qualified as committee

Amendment
List I.D. number:

Date qualified as committee
(If applicable)

Termination - See Part 5
List I.D. number:

Date of Termination

Date Stamp	CALIFORNIA FORM 410 For Official Use Only
CITY OF GOLETA CITY CLERK'S OFFICE	
2010 AUG 25 PM 12 58	

1. Committee Information

NAME OF COMMITTEE
Stapelmann for Goleta Council 2010

STREET ADDRESS (NO P.O. BOX)
6293 Muirfield Drive

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Goleta	CA	93117	805-705-4353

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS

reynestapelmann@cox.net

COUNTY OF DOMICILE

Santa Barbara

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
Carisia A. Lloyd

STREET ADDRESS (NO P.O. BOX)
6293 Muirfield Drive

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Goleta	CA	93117	619-300-3051

NAME OF ASSISTANT TREASURER, IF ANY
Reyne Stapelmann

STREET ADDRESS (NO P.O. BOX)
6293 Muirfield Drive

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Goleta	CA	93117	805-705-4353

NAME OF PRINCIPAL OFFICER(S)
Reyne Stapelmann

STREET ADDRESS (NO P.O. BOX)
6293 Muirfield Drive

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Goleta	CA	93117	805-705-4353

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 8/19/10
DATE

Executed on 8/19/10
DATE

Executed on _____
DATE

Executed on _____
DATE

By Carisia Lloyd Reyne M. Stapelmann (Asst. Treasurer)
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By Reyne M. Stapelmann
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

Statement of Organization Recipient Committee

STATEMENT OF ORGANIZATION

**CALIFORNIA
FORM 410**

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

Stapelmann for Goleta Council 2010

I.D. NUMBER

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
Reyne Stapelmann	Goleta City Council Member	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 and Trust	888-400-7228	pending	
ADDRESS	CITY	STATE	ZIP CODE
299 North Fairview Avenue	Goleta	CA	93117

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