

Statement of Organization Recipient Committee

Type or print in ink

Date Stamp

CALIFORNIA FORM 410

For Official Use Only

Statement Type

Initial

Not yet qualified or

_____/_____/_____
Date qualified as committee

Amendment

List I.D. number:

1330382

8/19/10
Date qualified as committee
(If applicable)

Termination - See Part 5

List I.D. number:

_____/_____/_____
Date of Termination

CITY OF GOLETA
CITY CLERK'S OFFICE

2010 SEP 9 PM 4 02

1. Committee Information

NAME OF COMMITTEE

Stapelmann for Goleta Council 2010

STREET ADDRESS (NO P.O. BOX)

6293 Muirfield Dr.

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

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Carisia A. Lloyd

STREET ADDRESS (NO P.O. BOX)

6293 Muirfield Dr.

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 Dr.

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 Dr.

CITY STATE ZIP CODE AREA CODE/PHONE

Goleta CA 93117 805-705-4353

Attach additional information on appropriately labeled continuation sheets.

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 9/9/2010
DATE

Executed on 9/9/2010
DATE

Executed on _____
DATE

Executed on _____
DATE

By Carisia Lloyd Reyne M. Stapelmann
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**

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

Stapelmann for Goleta Council 2010

I.D. NUMBER

1330382

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
<u>Reyne Stapelmann</u>	<u>Goleta City Council Member</u>	<u>2010</u>	<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	
<u>Santa Barbara Bank and Trust</u>	<u>888-400-7228</u>	<u>0103199493</u>	
ADDRESS	CITY	STATE	ZIP CODE
<u>299 North Fairview Ave.</u>	<u>Goleta</u>	<u>CA</u>	<u>93117</u>

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