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**Statement of Organization
 Recipient Committee**

RECEIVED AND FILED
 in the office of the Secretary of State
 of the State of California

STATEMENT OF ORGANIZATION

Type or print in ink

Statement Type

Initial
 Not yet qualified or

Amendment

List I.D. number:

1288474

07 / 20 / 06

 Date qualified as committee

 Date qualified as committee
 (If applicable)

Termination - See Part 5

List I.D. number:

 Date of Termination

AUG 09 2010
 Date Stamp

CITY OF GOLETA
 CITY CLERK'S OFFICE
 DEBRA TOWEN
 Secretary of State

2010 SEP 13 PM 5 00

CALIFORNIA FORM **410**

For Official Use Only

FILED

AUG 25 2010

SANTA BARBARA COUNTY
 ELECTIONS

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 Aug 3, 2010
 DATE

Executed on August 3 2010
 DATE

Executed on _____
 DATE

Executed on _____
 DATE

By _____
 SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By Michael T. Bennett
 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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INSTRUCTIONS ON REVERSE

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COMMITTEE NAME RE-ELECT COUNCIL MEMBER MICHAEL T. BENNETT 2010	I.D. NUMBER 1288474
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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 SANTA BARBARA BANK & TRUST	AREA CODE/PHONE 805-564-6410	BANK ACCOUNT NUMBER 100278530
ADDRESS 3910 STATE ST.	CITY SANTA BARBARA	STATE ZIP CODE 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

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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.