

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

City of Goleta CITY CLERK'S 2010 OCT 25 AM 10:17	CALIFORNIA FORM 460
	Page <u>1</u> of <u>1</u> For Official Use Only

Statement covers period from <u>07/01/2009</u> through <u>12/31/2009</u>	Date of election if applicable: (Month, Day, Year)
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SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

Officeholder, Candidate Controlled Committee
 State Candidate Election Committee
 Recall
(Also Complete Part 5)

General Purpose Committee
 Sponsored
 Small Contributor Committee
 Political Party/Central Committee

Primarily Formed Ballot Measure Committee
 Controlled
 Sponsored
(Also Complete Part 6)

Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

Preelection Statement
 Semi-annual Statement
 Termination Statement
(Also file a Form 410 Termination)

Quarterly Statement
 Special Odd-Year Report
 Supplemental Preelection Statement - Attach Form 495

Amendment (Explain below)
 Wrong FPPC # 1285989

3. Committee Information

I.D. NUMBER
1285898

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO 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
<u>Santa Barbara</u>	<u>CA</u>	<u>93101</u>	<u>805-682-3710</u>

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
PO Box 963 Goleta, CA 93116

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
Linda Tuomi

MAILING ADDRESS
1711 De La Vina St #E

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

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules 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 10/25/10
Date

Executed on 10-25-10
Date

Executed on _____
Date

Executed on _____
Date

By [Signature]
Signature of Treasurer or Assistant Treasurer

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent