

**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 OFFICE

Date Stamp

CALIFORNIA FORM **460**

Page 1 of 1

For Official Use Only

Statement covers period  
from 10/01/2010  
through 10/16/2010

Date of election if applicable:  
(Month, 2010 Year OCT 25 AM 10 16)

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)*
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement - Attach Form 495

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
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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
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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

By [Signature]  
Signature of Treasurer or Assistant Treasurer

Executed on 10-25-10  
Date

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

Executed on \_\_\_\_\_  
Date

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on \_\_\_\_\_  
Date

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent