

Statement of Organization Recipient Committee

Type or print in ink

1330382

STATEMENT OF ORGANIZATION

Statement Type Initial Not yet qualified or

CITY OF GOLETA CALIFORNIA

OCT 07 2010

8 / 19 / 10

Date qualified as committee

Amendment

List I.D. number:

Date qualified as committee (if applicable)

Termination

List I.D. number:

Date of Termination

CITY OF GOLETA
CITY CLERK'S OFFICE
RECEIVED AND FILED
in the office of the Secretary of State
of the State of California
AUG 23 2010
DEBRA BOWEN
Secretary of State

CALIFORNIA FORM 410

For Official Use Only

FILED

SEP 21 2010

SANTA BARBARA COUNTY ELECTIONS

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	COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE
Santa Barbara	

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 SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By Reyne M. Stapelmann SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT (Asst. Treasurer)

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

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