

**Statement of Organization
Recipient Committee**

Statement Type Initial Termination -- See Part 5
 Not yet qualified or List I.D. number: _____

Type or print in ink

Amendment List I.D. number: _____
 Termination -- See Part 5 List I.D. number: _____

_____ # _____
 Date qualified as committee 2 / 10 / 12 Date qualified as committee _____
 (if applicable) Date of Termination _____

1. Committee Information

NAME OF COMMITTEE
 GOODLAND COALITION FOR
 GOLETA HERITAGE FARMLANDS INITIATIVE
 STREET ADDRESS (NO P.O. BOX)
 5710 HOLLISTER AVENUE #234
 CITY STATE ZIP CODE AREA CODE/PHONE
 GOLETA CA 93117 (805) 964-8166
 MAILING ADDRESS (IF DIFFERENT)

2. Treasurer and Other Principal Officers

NAME OF TREASURER
 GARY VANDEMAN
 STREET ADDRESS (NO P.O. BOX)
 250 SALISBURY AVENUE
 CITY STATE ZIP CODE AREA CODE/PHONE
 GOLETA CA 93117 (805) 968-1143
 NAME OF ASSISTANT TREASURER, IF ANY
 STREET ADDRESS (NO P.O. BOX)
 CITY STATE ZIP CODE AREA CODE/PHONE

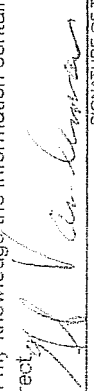
OPTIONAL: FAX / E-MAIL ADDRESS
 COUNTY OF DOMICILE
 SANTA BARBARA
 COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE
 NAME OF PRINCIPAL OFFICER(S)
 ROBERT WIGNOT
 STREET ADDRESS (NO P.O. BOX)
 6155 VERDURA AVENUE
 CITY STATE ZIP CODE AREA CODE/PHONE
 GOLETA CA 93117-2003 (805) 964-8166

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 FEBRUARY 19, 2012 DATE
 Executed on _____ DATE
 Executed on _____ DATE

By  SIGNATURE OF TREASURER OR ASSISTANT TREASURER
 By _____ SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROponent
 By _____

CITY OF GOLETA STATEMENT OF ORGANIZATION
 CITY CLERK'S OFFICE
 2012 FEB 21 PM 2
 CALIFORNIA FORM 410
 For Official Use Only

**Statement of Organization
Recipient Committee**

STATEMENT OF ORGANIZATION

**CALIFORNIA 410
FORM**

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

GOODLAND COALITION FOR GOLETA HERITAGE FARMLANDS INITIATIVE

I.D. NUMBER

PENDING

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
			<input 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
ADDRESS	CITY	STATE
		ZIP CODE

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)

MEASURE FULL TITLE AND BALLOT LETTER PENDING	CITY OF GOLETA	CHECK ONE
		SUPPORT <input checked="" type="checkbox"/> OPPOSE
		SUPPORT <input type="checkbox"/> OPPOSE

Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME GOODLAND COALITION FOR GOLETA HERITAGE FARMLANDS INITIATIVE	Page 3
4. Type of Committee (Continued)	I.D. NUMBER PENDING

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	CITY
NO. AND STREET	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.