

**Statement of Organization
Recipient Committee**

Type or print in ink

STATEMENT OF ORGANIZATION

Statement Type Initial
Not yet qualified or
_____/_____/_____
Date qualified as committee

Amendment
List I.D. number:
1305904
04/18/2008
Date qualified as committee
(If applicable)

Termination - See Part 6
List I.D. number:

_____/_____/_____
Date of Termination

Date Stamp
CITY OF GOLETA
CITY CLERK'S OFFICE
2012 JAN 31 PM 2 37

**CALIFORNIA
FORM 410**
For Official Use Only

1. Committee Information

NAME OF COMMITTEE
Goleta PAC, Sponsored by: Goleta Valley Chamber of Commerce

STREET ADDRESS (NO P.O. BOX)
5662 Calle Real, #204

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Goleta, CA		93117	(818) 260-0669

MAILING ADDRESS (IF DIFFERENT)
P.O. Box 781
Goleta, CA 93116

OPTIONAL: FAX / E-MAIL ADDRESS

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
Ms. Kristen Amyx

STREET ADDRESS
5662 Calle Real, #204

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Goleta, CA		93117	(805) 967-2500

NAME OF ASSISTANT TREASURER, IF ANY
Ms. Stacy E. Owens

STREET ADDRESS
5940 College Avenue

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Oakland, CA		94618	(510) 652-1000

NAME OF PRINCIPAL OFFICER(S)

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE

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 01/31/2012 DATE
Executed on _____ DATE
Executed on _____ DATE
Executed on _____ DATE

By [Signature] SIGNATURE OF TREASURER OR ASSISTANT TREASURER
By _____ 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

**Statement of Organization
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INSTRUCTIONS ON REVERSE

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COMMITTEE NAME
Goleta PAC, Sponsored by: Goleta Valley Chamber of Commerce

I.D. NUMBER
1305904

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)	CHECK ONE	
		SUPPORT	OPPOSE

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CALIFORNIA
FORM 410

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COMMITTEE NAME
Goleta PAC, Sponsored by: Goleta Valley Chamber of Commerce

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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
To support candidates and issues of interest to the Goleta Valley Chamber of Commerce

Sponsored Committee List additional sponsors on an attachment.

NAME OF SPONSOR	INDUSTRY GROUP OR AFFILIATION OF SPONSOR
Goleta Valley Chamber of Commerce	Chamber of Commerce
STREET ADDRESS NO. AND STREET	CITY STATE ZIP CODE
5662 Calle Real, #204	Goleta, CA 93117

Small Contributor Committee ____/____/____ Check box and provide the date this committee qualified as a small contributor committee. If the committee qualified as a small contributor committee on January 1, 2001, enter 1/1/01.
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.
- Additional filing obligations will be incurred if, after terminating, the committee receives or spends any funds, or receives the forgiveness of a loan, repayments of loans made to others, or any other receipts.

**Additional Comments
for Form 410**

STATEMENT OF ORGANIZATION

CALIFORNIA FORM 410

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME
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The committee has changed its Assistant Treasurer and added the committee's sponsor to its name.