

**Statement of Organization  
Recipient Committee**

Type or print in ink

RECEIVED AND FILED  
in the office of the Secretary of State  
of the State of California

CALIFORNIA FORM **410**  
For Official Use Only

Statement Type  Initial

Amendment

Termination - See Part 5

Not yet qualified  or

List I.D. number:

List I.D. number:

42

# 1348176

# \_\_\_\_\_

Date qualified as committee

06/19/2012

Date qualified as committee  
(If applicable)

Date of Termination

JUL 27 2012

DEBRA BOWEN  
Secretary of State

**1. Committee Information**

NAME OF COMMITTEE

JIM FARR for Goleta City Council 2012

STREET ADDRESS (NO P.O. BOX)

6269 Shamrock Avenue

CITY STATE ZIP CODE AREA CODE/PHONE

Goleta California 93117 (805) 689-9094

MAILING ADDRESS (IF DIFFERENT)

Post Office Box 1805, Goleta, CA 93116

OPTIONAL: FAX / E-MAIL ADDRESS

jamesfarr111@cox.net

COUNTY OF DOMICILE

Santa Barbara

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER

FRANK J. ARTUSIO

STREET ADDRESS (NO P.O. BOX)

415 Donze Avenue

CITY STATE ZIP CODE AREA CODE/PHONE

Santa Barbara CA 93101 (805) 966-9418

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

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 July 23, 2012  
DATE

By Frank J. Artusio  
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 7-23-2012  
DATE

By [Signature]  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_  
DATE

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_  
DATE

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 2

COMMITTEE NAME

JIM FARR for Goleta City Council 2012

I.D. NUMBER

1348176

**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
<u>JAMES B. FARR</u>	<u>Member, City Council, jurisdiction of GOLETA</u>	<u>2012</u>	<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	
<u>The Bank of Santa Barbara</u>	<u>805-730-7860</u>	<u>705007049</u>	
ADDRESS	CITY	STATE	ZIP CODE
<u>12 East Figueroa Street,</u>	<u>Santa Barbara,</u>	<u>California</u>	<u>93101</u>

**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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INSTRUCTIONS ON REVERSE

COMMITTEE NAME

**JIM FARR for Goleta City Council 2012**

**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

NO. AND STREET

CITY

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.