

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

COPY

Type or print in ink.

COVER PAGE

Date Stamp	CALIFORNIA FORM 460
CITY OF GOLETA CITY CLERK'S OFFICE	Page <u>1</u> of <u>6</u>
2012 AUG 2 PM 3 31	For Official Use Only

Statement covers period from <u>01/01/2012</u> through <u>06/30/2012</u>	Date of election if applicable: (Month, Day, Year) _____
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SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- | | |
|---|---|
| <input type="checkbox"/> Officeholder, Candidate Controlled Committee | <input type="checkbox"/> Primarily Formed Ballot Measure Committee |
| <input type="radio"/> State Candidate Election Committee | <input type="radio"/> Controlled |
| <input type="radio"/> Recall
<i>(Also Complete Part 5)</i> | <input type="radio"/> Sponsored
<i>(Also Complete Part 6)</i> |
| <input checked="" type="checkbox"/> General Purpose Committee | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee
<i>(Also Complete Part 7)</i> |
| <input checked="" type="radio"/> Sponsored | |
| <input type="radio"/> Small Contributor Committee | |
| <input type="radio"/> Political Party/Central Committee | |

2. Type of Statement:

- | | |
|---|---|
| <input type="checkbox"/> Preelection Statement | <input type="checkbox"/> Quarterly Statement |
| <input checked="" type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement
<i>(Also file a Form 410 Termination)</i> | <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below) | |

3. Committee Information

I.D. NUMBER
1305904

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO 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
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX (818) 260-0669

P.O. Box 781
CITY STATE ZIP CODE AREA CODE/PHONE

Goleta, CA 93116
OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Ms. Kristen Amyx
MAILING 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
MAILING ADDRESS

5940 College Avenue
CITY STATE ZIP CODE AREA CODE/PHONE

Oakland, CA 94618
OPTIONAL: FAX / E-MAIL ADDRESS (510) 652-1000

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 07/31/2012
Date

Executed on 07/31/2012
Date

Executed on _____
Date

Executed on _____
Date

By _____
Signature of Treasurer or Assistant Treasurer

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

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent