Statement of Organization Recipient Committee					Date Stamp	FORM 410	
Statement Type	☐ Initial Not yet qualified ☐ or	Amendment List I.D. number:	# 12923 # 2013 J	TY OF GOLETA ation — See Part 5 EGLERK'S 5 13 13 10 10 10 10 10 10 10 10	<u>:</u> 7	For Official Use Only	
	Date qualified as committee	Date qualified as	s committee Date of	5 /2013 Termination #			
1. Committee I	nformation			2. Treasurer and Other NAME OF TREASURER			
Friends of Go	leta			Catherine E. Bedna	ar		
STREET ADDRESS (NO P	(,o. BOX)			STREET ADDRESS (NO P.O. BOX)			
5701 Gato Av				5701 Gato Avenue		710	ADEA CODE INVOLE
CITY	STATE	ZIP CODE	AREA CODE/PHONE	Coloto	STATE	ZIP CODE	AREA CODE/PHONE (805)964-5562
Goleta	CA 9	93117	(805)964-5562	Goleta NAME OF ASSISTANT TREASURER, IF AN	CA	93117	(000)804-0002
MAILING ADDRESS (IF E	DIFFERENT)			MAINIC OF ASSISTANT F TREASURER, IF AN			
FAX / E-MAIL ADDRESS				STREET ADDRESS (NO P.O. BOX)			
COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE		VE	CITY	STATE	ZIP CODE	AREA CODE/PHONE	
Santa Barbara City of Goleta							
			,	NAME OF PRINCIPAL OFFICER(S)			
				Catherine E. Bedna	ar		
Attach additiona	ıl information on appropriat	ely labeled conti	nuation sheets.	street address (No P.O. BOX) 5701 Gato Avenue			
				GITY GAIO AVEITUE	STATE	ZIP CODE	AREA CODE/PHONE
				Goleta		93117	(805)964-5562
penalty of perj	jury under the laws of the Si $1/15/2013$	tate of California	that the foregoing is true	ednar	contained herein is tr	ue and compl	ete. I certify under
	DATE		SIGNATURE	OF TREASURER OR ASSISTANT TREASURER			
Executed on	By		CICNATURE OF CONTROLLING	OFFICEHOLDER, CANDIDATE, OR STATE MEASI	LIBE PROPONENT		
	-,··· ·		SIGNATURE OF CONTROLLING	OFFICEROLUCK, CANDIDATE, OK STATE MEAST	ONE PROPONENT		
Executed onBy			OFFICEHOLDER, CANDIDATE, OR STATE MEAS	URE PROPONENT			
Executed on	DATE By		SIGNATURE OF CONTROLLING	OFFICEHOLDER, CANDIDATE, OR STATE MEAS	SURE PROPONENT		
	DATE		SIGNALOKE OF CONTROLLING	OF FIGEROLDER, CANDIDATE, OR STATE MEAS	JOILE ! NO! ONE!!		

FPPC Form 410 (Dec/2012)
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