

**Statement of Organization
Recipient Committee**

Statement Type Initial Amendment Termination – See Part 5
 Not yet qualified or
 List I.D. number: # 1338118
 Date qualified as committee: 04 / 07 / 2011
 List I.D. number: # _____
 Date of Termination: _____
(if applicable)

Date Stamp	CALIFORNIA FORM 410
2013	For Official Use Only
	APR 10 AM 10 46

1. Committee Information **2. Treasurer and Other Principal Officers**

NAME OF COMMITTEE
EASTON FOR COUNCIL 2012
 STREET ADDRESS (NO P.O. BOX)
110 SOUTH KELLOGG AVENUE
 CITY STATE ZIP CODE AREA CODE/PHONE
GOLETA CA 93117 (805)967-1113
 MAILING ADDRESS (IF DIFFERENT)

 FAX / E-MAIL ADDRESS

 COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
SANTA BARBARA CITY OF GOLETA

NAME OF TREASURER
ROBERT WIGNOT
 STREET ADDRESS (NO P.O. BOX)
6155 VERDURA AVENUE
 CITY STATE ZIP CODE AREA CODE/PHONE
GOLETA CA 93117 (805)964-8166
 NAME OF ASSISTANT TREASURER, IF ANY

 STREET ADDRESS (NO P.O. BOX)

 CITY STATE ZIP CODE AREA CODE/PHONE

 NAME OF PRINCIPAL OFFICER(S)
EDWARD EASTON
 STREET ADDRESS (NO P.O. BOX)
110 SOUTH KELLOGG
 CITY STATE ZIP CODE AREA CODE/PHONE
GOLETA CA 93117 (805)967-1113

✓ 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 04/08/2013 By _____
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER
 Executed on 04/08/2013 By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
 Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
 Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME EASTON FOR COUNCIL 2012	I.D. NUMBER 1338118
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- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION COMMUNITY WEST BANK	AREA CODE/PHONE (805)683-4944	BANK ACCOUNT NUMBER 001533452
ADDRESS 5827 HOLLISTER AVENUE	CITY GOLETA	STATE ZIP CODE CA 93117

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 "nonpartisan."
- 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
EDWARD EASTON	GOLETA CITY COUNCIL	2012	<input checked="" type="checkbox"/> Nonpartisan
			<input type="checkbox"/> Nonpartisan

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 <input type="checkbox"/>	OPPOSE <input type="checkbox"/>
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME
EASTON FOR COUNCIL 2012

I.D. NUMBER
1338118

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.

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Recipient Committee**

CALIFORNIA FORM **410**
Continuation Sheet – Page 4

Amendments:

1. Jurisdiction where committee is active now reads "City of Goleta."
2. Mailing address changed from 5710 HOLLISTER AVENUE, #258, GOLETA, CA 93117
to 110 SOUTH KELLOGG AVENUE, GOLETA, CA 93117 (the same as the committee's street address).