

**Statement of Organization  
Recipient Committee**

Statement Type  Initial  Amendment  Termination - See Part 5  
 Not yet qualified  or List I.D. number: # \_\_\_\_\_  
 \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Date qualified as committee (if applicable) Date of Termination

Date Stamp  
**RECEIVED AND FILE**  
in the office of the Secretary of State  
of the State of California

JAN 28 2013

**DEBRA BOWEN**  
Secretary of State

**CALIFORNIA FORM 410**

For Official Use Only

APR 18 PM 1 52

CITY OF GOLETA  
CITY CLERK'S OFFICE

**1. Committee Information**

NAME OF COMMITTEE  
**Friends of Goleta**

STREET ADDRESS (NO P.O. BOX)  
**5701 Gato Avenue**

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Goleta	CA	93117	(805)964-5562

MAILING ADDRESS (IF DIFFERENT)  
\_\_\_\_\_

FAX / E-MAIL ADDRESS  
\_\_\_\_\_

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
Santa Barbara	City of Goleta

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER  
**Catherine E. Bednar**

STREET ADDRESS (NO P.O. BOX)  
**5701 Gato Avenue**

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Goleta	CA	93117	(805)964-5562

NAME OF ASSISTANT TREASURER, IF ANY  
\_\_\_\_\_

STREET ADDRESS (NO P.O. BOX)  
\_\_\_\_\_

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Goleta	CA	93117	(805)964-5562

NAME OF PRINCIPAL OFFICER(S)  
**Catherine E. Bednar**

STREET ADDRESS (NO P.O. BOX)  
**5701 Gato Avenue**

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Goleta	CA	93117	(805)964-5562

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 01/15/2013 By Catherine E. Bednar  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

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

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