

CITY OF GOLETA  
CALIFORNIA  
FEB 10 2014  
RECEIVED

Date Stamp  
**RECEIVED AND FILED**  
in the office of the Secretary of State  
of the State of California  
DEC 31 2013  
**DEBRA BOWEN**  
Secretary of State

**CALIFORNIA FORM 410**  
For Official Use Only

**Statement of Organization Recipient Committee**

Statement Type  Initial  Amendment  Termination - See Part 5  
 Not yet qualified  or  
 List I.D. number: # 1285898  
 Date qualified as committee: 12/20/2013  
 Date qualified as committee (if applicable):

**1. Committee Information**

NAME OF COMMITTEE  
Friends of Roger Aceves for Goleta City Council 2010  
 STREET ADDRESS (NO P.O. BOX)  
1711 De La Vina St Apt E  
 CITY STATE ZIP CODE AREA CODE/PHONE  
Santa Barbara CA 93101 (805)682-3710  
 MAILING ADDRESS (IF DIFFERENT)  
PO Box 963 Goleta, CA 93116  
 COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE  
Santa Barbara Goleta, CA

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER  
Linda Tuomi  
 STREET ADDRESS (NO P.O. BOX)  
1711 De La Vina St Apt E  
 CITY STATE ZIP CODE AREA CODE/PHONE  
Santa Barbara CA 93101 (805)682-3710  
 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 12/24/2013 By Linda Tuomi  
 Executed on 12-28-13 By [Signature]  
 Executed on \_\_\_\_\_ By \_\_\_\_\_  
 Executed on \_\_\_\_\_ By \_\_\_\_\_