

**Statement of Organization
Recipient Committee**

Statement Type

Initial

Not yet qualified or

Amendment

List I.D. number:

Termination – See Part 5

List I.D. number:

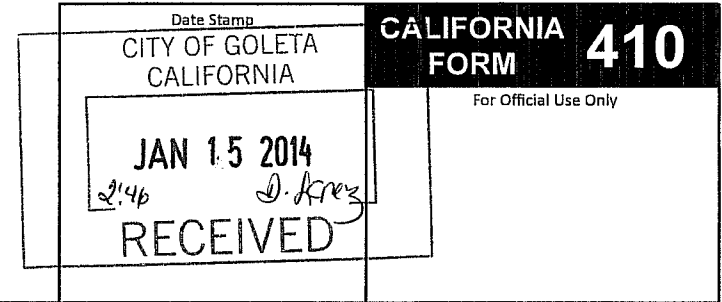
1285898

12 / 20 / 2013

_____/_____/_____
Date qualified as committee

_____/_____/_____
Date qualified as committee
(If applicable)

_____/_____/_____
Date of Termination



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

FAX / E-MAIL ADDRESS

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 [Signature]
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 1-15-14 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