

MAY 05 2014

Statement of Organization Recipient Committee

Statement Type

Initial

Not yet qualified or

Amendment

List I.D. number:

_____/_____/_____
Date qualified as committee

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

Termination - See Part 5

List I.D. number:

1338118

04/25/2014

Date of Termination

Date Stamp

RECEIVED AND FILED

in the office of the Secretary of State
of the State of California

APR 29 2014

DEBRA BOWEN
Secretary of State

CALIFORNIA FORM 410

For Official Use Only

1. Committee Information

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

SANTA BARBARA

JURISDICTION WHERE COMMITTEE IS ACTIVE

CITY OF GOLETA

2. Treasurer and Other Principal Officers

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 04/25/2014
DATE

By

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 04/25/2014
DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____
DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____
DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

FPPC Form 410 (Dec/2012)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME
EASTON FOR COUNCIL 2012

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

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME
EASTON FOR COUNCIL 2012

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.