

1367563

Rejected: Returned:

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: #

Date qualified as committee / / or Date qualified as committee (if applicable) / / Date of Termination / /

CALIFORNIA 410 FORM For Official Use Only RECEIVED-AND-FILED in the office of the Secretary of State of the State of California JUN 11 2014 JUN 18 2014

1. Committee Information 2. Treasurer and Other Principal Officers

NAME OF COMMITTEE Roger Aceves For Goleta City Council 2014

NAME OF TREASURER Roger S. Aceves

STREET ADDRESS (NO P.O. BOX) 643 Ardmore Drive CITY Goleta STATE CA ZIP CODE 93117 AREA CODE/PHONE 805 895 8105

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MAILING ADDRESS (IF DIFFERENT) P.O. Box 963, Goleta, Ca 93116 FAX / E-MAIL ADDRESS 3ACES2@cox.net COUNTY OF DOMICILE Santa Barbara JURISDICTION WHERE COMMITTEE IS ACTIVE City of Goleta

NAME OF ASSISTANT TREASURER, IF ANY 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 06-09-14 By [Signature] SIGNATURE OF TREASURER OR ASSISTANT TREASURER Executed on 06-09-14 By [Signature] SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent Executed on By SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent Executed on By SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

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I.D. NUMBER

COMMITTEE NAME
Roger Aceves For Goleta City Council 2014

All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION <i>Montecito Bank & Trust</i>	AREA CODE/PHONE <i>805 963 7511</i>	BANK ACCOUNT NUMBER <i>193028098</i>
ADDRESS <i>5658 Calle Rosa</i>	CITY <i>Goleta</i>	STATE <i>CA</i>
	ZIP CODE <i>93117</i>	

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
<i>ROGER S. ACEVES</i>	<i>Goleta City Council</i>	<i>2014</i>	<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"/>