

**Statement of Organization
Recipient Committee**

Statement Type Initial Amendment Termination – See Part 5
 Not yet qualified or
 # 1288474 # _____
 07 / 20 / 2006 _____
 Date qualified as committee Date qualified as committee Date of Termination
 (if applicable)

Date Stamp
FILED
 In the office of the Secretary of State
 of the State of California
 AUG 04 2014

CALIFORNIA FORM 410
 For Official Use Only

1. Committee Information
 NAME OF COMMITTEE
 Re-Elect Michael T. Bennett for City Council 2014
 STREET ADDRESS (NO P.O. BOX)
 5662 Calle Real #407
 CITY STATE ZIP CODE AREA CODE/PHONE
 Goleta CA 93117 (805)563-1049
 MAILING ADDRESS (IF DIFFERENT)
 FAX / E-MAIL ADDRESS
 COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE

2. Treasurer and Other Principal Officers
 NAME OF TREASURER
 David L. Peri
 STREET ADDRESS (NO P.O. BOX)
 360 S. Hope Avenue, Suite C300
 CITY STATE ZIP CODE AREA CODE/PHONE
 Santa Barbara CA 93105 (805)563-1049
 NAME OF ASSISTANT TREASURER, IF ANY
 STREET ADDRESS (NO P.O. BOX)
 CITY STATE ZIP CODE AREA CODE/PHONE
 NAME OF PRINCIPAL OFFICER(S)
 David L. Peri
 STREET ADDRESS (NO P.O. BOX)
 360 S. Hope Avenue, Suite C300
 CITY STATE ZIP CODE AREA CODE/PHONE
 Santa Barbara CA 93105 (805)563-1049

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 7/23/14 By _____
 Executed on 7/28/14 By Michael T. Bennett
 Executed on _____ By _____
 Executed on _____ By _____

CITY OF GOLETA CALIFORNIA
 AUG 13 2014
 RECEIVED

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

**CALIFORNIA
FORM 410**

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COMMITTEE NAME

Re-Elect Michael T. Bennett for City Council 2014

I.D. NUMBER

1288474

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

NAME OF FINANCIAL INSTITUTION

Union Bank

AREA CODE/PHONE

(805)683-1404

BANK ACCOUNT NUMBER

0100278530

ADDRESS

P.O. Box 512380

CITY

Los Angeles

STATE

CA

ZIP CODE

90051

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
Michael T. Bennett	Council Member - City of Goleta	2014	<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"/>