

MAR 05 2012

Statement of Organization Recipient Committee

Type or print in ink

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STATEMENT OF ORGANIZATION

RECEIVED AND FILED
in the office of the Secretary of
of the State of California

Date Stamp

FEB 23 2012

DEBRA BOWEN
Secretary of State

CALIFORNIA FORM 410

For Official Use Only

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Statement Type Initial
Not yet qualified or

2 / 10 / 12
Date qualified as committee

Amendment
List I.D. number:

Date qualified as committee
(if applicable)

Termination - See Part 5
List I.D. number:

Date of Termination

1. Committee Information

NAME OF COMMITTEE

GOODLAND COALITION FOR
GOLETA HERITAGE FARMLANDS INITIATIVE

STREET ADDRESS (NO P.O. BOX)

5710 HOLLISTER AVENUE #234

CITY STATE ZIP CODE AREA CODE/PHONE

GOLETA CA 93117 (805) 964-8166

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE

SANTA BARBARA

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT
THAN COUNTY OF DOMICILE

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

GARY VANDEMAN

STREET ADDRESS (NO P.O. BOX)

250 SALISBURY AVENUE

CITY STATE ZIP CODE AREA CODE/PHONE

GOLETA CA 93117 (805) 968-1143

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

ROBERT WIGNOT

STREET ADDRESS (NO P.O. BOX)

6155 VERDURA AVENUE

CITY STATE ZIP CODE AREA CODE/PHONE

GOLETA CA 93117-2003 (805) 964-8166

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 FEBRUARY 19, 2012
DATE

By [Signature]
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on _____
DATE

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____

By _____

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INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

GOODLAND COALITION FOR GOLETA HERITAGE FARMLANDS INITIATIVE

I.D. NUMBER

PENDING

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 "non-partisan."
- 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
			<input type="checkbox"/> Non-Partisan
			<input type="checkbox"/> Non-Partisan

- List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER

ADDRESS	CITY	STATE	ZIP CODE

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	
MEASURE FULL TITLE AND BALLOT LETTER PENDING	CITY OF GOLETA	<input checked="" type="checkbox"/> SUPPORT	<input type="checkbox"/> OPPOSE
		<input type="checkbox"/> SUPPORT	<input type="checkbox"/> OPPOSE