

**Statement of Organization
Recipient Committee**

Type or print in ink

STATEMENT OF ORGANIZATION

**CALIFORNIA
FORM 410**

Statement Type Initial
Not yet qualified or
_____/_____/_____
Date qualified as committee

Amendment
List I.D. number:
1305904
_____/_____/_____
Date qualified as committee
(If applicable)

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

_____/_____/_____
Date of Termination

Date Stamp

CITY OF GOLETA
CITY CLERK'S OFFICE

2011 MAR 16 AM 10 45

For Official Use Only

1. Committee Information

NAME OF COMMITTEE

Goleta PAC

STREET ADDRESS (NO PO. BOX)

1212 S. Victory Blvd.

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Burbank	CA	91502	818-260-0669

MAILING ADDRESS (IF DIFFERENT)

P.O. Box 781, Goleta, CA 93116

OPTIONAL: FAX / E-MAIL ADDRESS

877-260-0669

COUNTY OF DOMICILE	COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE
Santa Barbara	

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Kristen Amyx

STREET ADDRESS

1212 S. Victory Blvd.

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Burbank	CA	91502	805-967-2500

NAME OF ASSISTANT TREASURER, IF ANY

Kinde Durkee

STREET ADDRESS

1212 S. Victory Blvd.

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Burbank	CA	91502	818-260-0669

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE

Treasurer: Kristen Amyx

MAILING ADDRESS

1212 S. Victory Blvd.

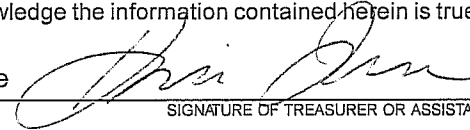
CITY	STATE	ZIP CODE	AREA CODE/PHONE
Burbank	CA	91502	805-967-2500

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 3/14/11 DATE

By Kinde Durkee


SIGNATURE OF TREASURER OR ASSISTANT TREASURER

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

Executed on _____ DATE

By _____

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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CALIFORNIA FORM 410

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

Goleta PAC

I.D. NUMBER

1305904

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

To support and/or oppose candidates and/or ballot measures.

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

Check box and provide the date this committee qualified as a small contributor committee. If the committee qualified as a small contributor committee on January 1, 2001, enter 1/1/01.

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.