

**Statement of Organization
Recipient Committee**

Statement Type

<input checked="" type="checkbox"/> Initial <input checked="" type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met _____/_____/_____	<input type="checkbox"/> Amendment Date qualification threshold met _____/_____/_____	<input type="checkbox"/> Termination – See Part 5 Date of termination _____/_____/_____
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Date Stamp
FILED
SEP 06 2024
SANTA BARBARA COUNTY
ELECTIONS

**CALIFORNIA
FORM 410**
For Official Use Only

1. Committee Information		2. Treasurer and Other Principal Officers	
I.D. Number _____ Pending (if applicable)			
NAME OF COMMITTEE Aldana for SBCC TA3 2024		NAME OF TREASURER Manny Ayala	
STREET ADDRESS (NO P.O. BOX) [REDACTED]		STREET ADDRESS (NO P.O. BOX) [REDACTED]	CITY Goleta
CITY Santa Barbara		STATE CA	ZIP CODE 93117
FULL MAILING ADDRESS (IF DIFFERENT)		EMAIL ADDRESS OF TREASURER (REQUIRED) Manny.ayala55@gmail.com	
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL) sbsebas@gmail.com		AREA CODE/PHONE 805 680-5085	
COUNTY OF DOMICILE Santa Barbara	JURISDICTION WHERE COMMITTEE IS ACTIVE Santa Barbara County	NAME OF ASSISTANT TREASURER, IF ANY	
[REDACTED]		STREET ADDRESS (NO P.O. BOX)	CITY
[REDACTED]		STATE	ZIP CODE
[REDACTED]		EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED)	
[REDACTED]		AREA CODE/PHONE	
[REDACTED]		NAME OF PRINCIPAL OFFICER(S)	
[REDACTED]		STREET ADDRESS (NO P.O. BOX)	CITY
[REDACTED]		STATE	ZIP CODE
[REDACTED]		EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED)	
[REDACTED]		AREA CODE/PHONE	

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 9/6/24 By [REDACTED] ASSISTANT TREASURER

Executed on 9/6/2024 By [REDACTED] 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

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INSTRUCTIONS ON REVERSE

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COMMITTEE NAME Aldana for SBCC TA3 2024	I.D. NUMBER Pending
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• All committees must list the financial institution where the campaign bank account is located and the person(s) authorized to obtain bank records.

NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RECORDS Mechanics Bank	AREA CODE/PHONE 805 963-8928	BANK ACCOUNT NUMBER Pending	
ADDRESS OF FINANCIAL INSTITUTION [REDACTED]	CITY Santa Barbara	STATE CA	ZIP CODE 93103

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." Stating "No party preference" is acceptable.
- 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 CHECK ONE		
Sebastian Aldana Jr.	SB Community College Trustee Area 3	2024	Nonpartisan <input checked="" type="checkbox"/>	Partisan <input type="checkbox"/>	(list political party below)
			Nonpartisan <input type="checkbox"/>	Partisan <input type="checkbox"/>	(list political party below)

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) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	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"/>