

Statement of Organization
Recipient Committee

Statement Type

| | | |
|---|--|---|
| <input checked="" type="checkbox"/> Initial | <input type="checkbox"/> Amendment | <input type="checkbox"/> Termination – See Part 5 |
| <input type="checkbox"/> Not yet qualified or <input type="checkbox"/> Date qualification threshold met | Date qualification threshold met ____/____/____ | Date of termination ____/____/____ |

Date Stamp
FILED
AUG 09 2024
SANTA BARBARA COUNTY
ELECTIONS

CALIFORNIA FORM 410
For Official Use Only

| | | | | | | | |
|---|--|--|--|--|--|--|--|
| 1. Committee Information | | | | 2. Treasurer and Other Principal Officers | | | |
| I.D. Number (if applicable) | | | | NAME OF TREASURER | | | |
| NAME OF COMMITTEE | | | | Mary Rose | | | |
| jett Black-Maertz for SBCC Trustee 2024 | | | | STREET ADDRESS (NO P.O. BOX) | | | |
| STREET ADDRESS (NO P.O. BOX) | | | | CITY STATE ZIP CODE AREA CODE/PHONE | | | |
| [REDACTED] | | | | Santa Barbara CA 93103 805-448-0663 | | | |
| CITY STATE ZIP CODE AREA CODE/PHONE | | | | NAME OF ASSISTANT TREASURER, IF ANY | | | |
| Santa Barbara CA 93103 805-448-0663 | | | | STREET ADDRESS (NO P.O. BOX) | | | |
| FULL MAILING ADDRESS (IF DIFFERENT) | | | | CITY STATE ZIP CODE AREA CODE/PHONE | | | |
| [REDACTED] Santa Barbara, CA 93190 | | | | [REDACTED] | | | |
| E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) | | | | NAME OF PRINCIPAL OFFICER(S) | | | |
| Jettblack4sb@gmail.com | | | | STREET ADDRESS (NO P.O. BOX) | | | |
| COUNTY OF DOMICILE | | JURISDICTION WHERE COMMITTEE IS ACTIVE | | CITY STATE ZIP CODE AREA CODE/PHONE | | | |
| Snta Barbara | | Santa Barbara County | | [REDACTED] | | | |
| Attach additional information on appropriately labeled continuation sheets. | | | | STREET ADDRESS (NO P.O. BOX) | | | |
| | | | | CITY STATE ZIP CODE AREA CODE/PHONE | | | |
| [REDACTED] | | | | [REDACTED] | | | |

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 8-8-24 By [REDACTED]
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 8-8-24 By [REDACTED]
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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

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

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

| | |
|---|-------------|
| COMMITTEE NAME Jett Black-Maertz for SBCC Trustee 2024 | Page 2 |
| | I.D. NUMBER |

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

| | | |
|--|---------------------------------|--------------------------------|
| NAME OF FINANCIAL INSTITUTION American Riviera Bank | AREA CODE/PHONE 805-969-3544 | BANK ACCOUNT NUMBER pending |
| ADDRESS [REDACTED] | CITY Santa Barbara | STATE CA |
| | | ZIP CODE 93101 |

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 | | |
|--|---|------------------|--|----------|------------------------------|
| Jett Black-Maertz | Trustee, Santa Barbara Community College TA3 | 2024 | Nonpartisan <input checked="" type="checkbox"/> | Partisan | (list political party below) |
| | | | Nonpartisan | Partisan | (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 | OPPOSE |
| | | | |
| | | | |