

46 0-30-16

Statement of Organization Recipient Committee

Statement Type: [X] Initial, [] Amendment, [] Termination - See Part 5. Includes fields for List I.D. number and Date qualified as committee.

CITY OF GOLETA CITY CLERK'S OFFICE stamp with date 2016 JUL 27 PM 1:10. RECEIVED AND FILED stamp from the office of the Secretary of State of the State of California dated JUN 29 2016. CALIFORNIA FORM 410 For Official Use Only.

1. Committee Information: NAME OF COMMITTEE: Kyle Richards, Committee to Elect - Goleta City Council 2016. STREET ADDRESS: 37 DEARBORN PL #84, Goleta CA 93117. CITY: Goleta, STATE: CA, ZIP CODE: 93117, AREA CODE/PHONE: 805451-8219. MAILING ADDRESS: Richards4goleta@gmail.com.

2. Treasurer and Other Principal Officers: NAME OF TREASURER: Marianne Cahill Morris. STREET ADDRESS: 4983 Cervato Way, Santa Barbara CA 93117 (805)455-1103. NAME OF ASSISTANT TREASURER: NA.

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. Executed on 6/22/16 and 6/23/2016 by [Signatures].

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME
Kyle Richards, Committee to Elect
PO Box 770
Goleta CA 93117

I.D. NUMBER
81-2747474

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

NAME OF FINANCIAL INSTITUTION Community West Bank	AREA CODE/PHONE (805) 683-4944	BANK ACCOUNT NUMBER [REDACTED]
ADDRESS 5827 Hollister	CITY Goleta	STATE ZIP CODE CA 93117

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
Kyle Richards	Goleta CA City Council	2016	<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 NUMBER, CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>