

SEP 13 2016

CALIFORNIA
SEP 19 2016
RECEIVED

Statement of Organization
Recipient Committee

Statement Type

Initial
Not yet qualified or

Amendment

List I.D. number:
1387307

Termination - See Part 5

List I.D. number:

_____/_____/_____
Date qualified as committee

_____/_____/_____
Date qualified as committee
(If applicable)

_____/_____/_____
Date of Termination

Date Stamp	CALIFORNIA FORM 410 For Official Use Only
<p>RECEIVED AND FILED in the office of the Secretary of State of the State of California</p> <p>SEP 06 2016</p>	

1. Committee Information

NAME OF COMMITTEE

Committee to Elect Kyle Richards Goleta City Council 2016

STREET ADDRESS (NO P.O. BOX)

37 Dearborn Place #84

CITY

Goleta

STATE

CA

ZIP CODE

93117

AREA CODE/PHONE

(805)451-8219

MAILING ADDRESS (IF DIFFERENT)

PO Box 770, Goleta, CA 93116

FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE

Santa Barbara County

JURISDICTION WHERE COMMITTEE IS ACTIVE

City of Goleta

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Jennifer Cooper

STREET ADDRESS (NO P.O. BOX)

226 E. Canon Perdido #D

CITY

Santa Barbara

STATE

CA

ZIP CODE

93101

AREA CODE/PHONE

(805)448-9470

NAME OF ASSISTANT TREASURER, IF ANY

Monica Intaglietta

STREET ADDRESS (NO P.O. BOX)

226 E. Canon Perdido #D

CITY

Santa Barbara

STATE

CA

ZIP CODE

93101

AREA CODE/PHONE

(805)709-0595

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

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. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 8/24/16 By [Signature] SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 8/26/2016 By [Signature] 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

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

CALIFORNIA FORM 410
Page 2
I.D. NUMBER 1387307

COMMITTEE NAME
Committee to Elect Kyle Richards Goleta City Council 2016

- 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 Avenue	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 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 NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>