

**Statement of Organization
Recipient Committee**

Statement Type Initial Amendment Termination - See Part 5

Not yet qualified or List I.D. number: # 1387307

Date qualified as committee: _____ Date qualified as committee (if applicable): _____ Date of Termination: _____

CITY OF GOLETA
CITY CLERK'S OFFICE

2016 AUG 30 AM 11:35

**CALIFORNIA
FORM 410**

For Official Use Only

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	STATE	ZIP CODE	AREA CODE/PHONE
Goleta	CA	93117	(805)451-8219

MAILING ADDRESS (IF DIFFERENT)
PO Box 770, Goleta, CA 93116

TAX / MAIL ADDRESS

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
Santa Barbara County	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	STATE	ZIP CODE	AREA CODE/PHONE
Santa Barbara	CA	93101	(805)448-9470

NAME OF ASSISTANT TREASURER, IF ANY
Monica Intaglietta

STREET ADDRESS (NO P.O. BOX)
226 E. Canon Perdido #D

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Santa Barbara	CA	93101	(805)709-0595

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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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]
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 8/26/2016 By [Signature]
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

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Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME
Kyle Richards, Committee to Elect, Goleta City Council 2016

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I.D. NUMBER

1387307

- 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	
ADDRESS 5827 Hollister Avenue	CITY Goleta	STATE CA	ZIP CODE 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)	CLICK ONE	
		SUPPORT	OPPOSE
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>