

**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

06/30/2016
Date qualified as committee
(If applicable)

_____/_____/_____
Date of Termination

Date Stamp

RECEIVED AND FILED
in the office of the Secretary of State
of the State of California

OCT 31 2016

CALIFORNIA FORM 410
For Official Use Only

2016 NOV 21 PM 5:09

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

Attach additional information on appropriately labeled continuation sheets.

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

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 10/27/16

By _____

[Signature]

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 10/27/2016

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
Kyle Richards, Committee to Elect, Goleta City Council 2016

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

NAME OF FINANCIAL INSTITUTION	ARFA CODE/PHONE	BANK ACCOUNT NUMBER	
[REDACTED]	[REDACTED]	[REDACTED]	
ADDRESS	CITY	STATE	ZIP CODE
[REDACTED] Miller Av.	[REDACTED]	[REDACTED]	[REDACTED]

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"/>