

**Statement of Organization  
Recipient Committee**

**Statement Type**

Initial  
Not yet qualified  or

Amendment  
List I.D. number:  
# \_\_\_\_\_

Termination – See Part 5  
List I.D. number:  
# 1387307

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date qualified as committee

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date qualified as committee  
(If applicable)

12/31/2016  
Date of Termination

Date Stamp  
**CITY OF GOLETA  
CITY CLERK'S OFFICE**

2017 JAN 26 AM 11:55

**CALIFORNIA  
FORM 410**

For Official Use Only

**1. Committee Information**

NAME OF COMMITTEE  
**Committee to Elect Kyle Richards Goleta City Council 2016**

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STREET ADDRESS (NO P.O. BOX)  
**37 Dearborn Place #84**

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CITY STATE ZIP CODE AREA CODE/PHONE  
**Goleta CA 93117**

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

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FAX / E-MAIL ADDRESS

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<small>COUNTY OF DOMICILE</small>	<small>JURISDICTION WHERE COMMITTEE IS ACTIVE</small>
<b>Santa Barbara County</b>	<b>City of Goleta</b>

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER  
**Jennifer Cooper**

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

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<small>CITY</small>	<small>STATE</small>	<small>ZIP CODE</small>	<small>AREA CODE/PHONE</small>
<b>Santa Barbara</b>	<b>CA</b>	<b>93101</b>	<b>(805)448-9470</b>

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NAME OF ASSISTANT TREASURER, IF ANY

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STREET ADDRESS (NO P.O. BOX)

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<small>CITY</small>	<small>STATE</small>	<small>ZIP CODE</small>	<small>AREA CODE/PHONE</small>

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NAME OF PRINCIPAL OFFICER(S)

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STREET ADDRESS (NO P.O. BOX)

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<small>CITY</small>	<small>STATE</small>	<small>ZIP CODE</small>	<small>AREA CODE/PHONE</small>

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 1/20/17 By [Signature]  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 1/26/2017 By [Signature]  
DATE SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT