

**Statement of Organization
Recipient Committee**

CITY OF GOLETA
CITY CLERK'S OFFICE

CITY OF GOLETA
CITY CLERK'S OFFICE

Statement Type Initial
 Not yet qualified
 or
 Date qualified as committee

Amendment Termination - See Part 5 in the office of the Secretary of State of the State of California

2 / 07 / 2018
 Date qualified as committee Date of termination

Date Stamp
RECEIVED AND FILED
 in the office of the Secretary of State
 of the State of California
FEB 20 2018

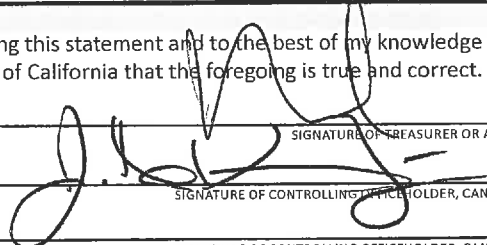
CALIFORNIA FORM 410
 For Official Use Only

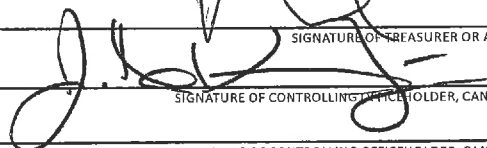
2018 MAR - 6 PM 3:49

2018 MAR - 8 PM 3:49

1. Committee Information		2. Treasurer and Other Principal Officers	
I.D. Number (if applicable) 1401816		NAME OF TREASURER Jennifer Cooper	
NAME OF COMMITTEE James Kyriaco for Goleta City Council 2018		STREET ADDRESS (NO P.O. BOX) 226 E. Canon Perdido Street #D	
STREET ADDRESS (NO P.O. BOX) 226 E. Canon Perdido Street #D		CITY Santa Barbara	STATE CA
CITY Santa Barbara		ZIP CODE 93101	AREA CODE/PHONE 805-448-9470
STATE CA		NAME OF ASSISTANT TREASURER, IF ANY Monica Intaglietta	
ZIP CODE 93101		STREET ADDRESS (NO P.O. BOX) 226 E. Canon Perdido Street #D	
AREA CODE/PHONE 805-448-9470		CITY Santa Barbara	STATE CA
MAILING ADDRESS (IF DIFFERENT)		ZIP CODE 93101	AREA CODE/PHONE 805-709-0595
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) jen@clcsb.com		NAME OF PRINCIPAL OFFICER(S)	
COUNTY OF DOMICILE Santa Barbara	JURISDICTION WHERE COMMITTEE IS ACTIVE City of Goleta	STREET ADDRESS (NO P.O. BOX)	
Attach additional information on appropriately labeled continuation sheets.		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 2/14/18 By  SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 2/14/18 By  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

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INSTRUCTIONS ON REVERSE

**CALIFORNIA
FORM 410**

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COMMITTEE NAME
James Kyriaco for City Council 2018

I.D. NUMBER
1401816

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



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." Stating "No party preference" is acceptable.
- 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	CHECK ONE	
			Nonpartisan	Partisan (list political party below)
James Kyriaco	Goleta City Council	2018	<input checked="" type="checkbox"/>	
			<input type="checkbox"/>	

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) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	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"/>

Clear Page

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