

1401816

R42  
L42

Statement of Organization Recipient Committee

Statement Type  Initial  Amendment  Termination - See Part 5  
 Not yet qualified or  Date qualified as committee  
Date qualified as committee \_\_\_\_\_ Date of termination \_\_\_\_\_

RECEIVED AND FILED in the office of the Secretary of State of the State of California  
Date Stamp: JAN 26 2018  
CALIFORNIA FORM 410  
For Official Use Only  
MAR 19 2018  
RECEIVED

1. Committee Information I.D. Number (if applicable) 2. Treasurer and Other Principal Officers

NAME OF COMMITTEE: James Kyriaco for Goleta City Council 2018  
STREET ADDRESS (NO P.O. BOX): 226 E. Canon Perdido St. #D  
CITY STATE ZIP CODE AREA CODE/PHONE: Santa Barbara CA 93101 805-448-9470  
MAILING ADDRESS (IF DIFFERENT):  
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL): jencic@sb.com  
COUNTY OF DOMICILE: Santa Barbara JURISDICTION WHERE COMMITTEE IS ACTIVE: City of Goleta

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 Street #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:

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 1/17/18 By [Signature] SIGNATURE OF TREASURER OR ASSISTANT TREASURER  
Executed on 1/17/18 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

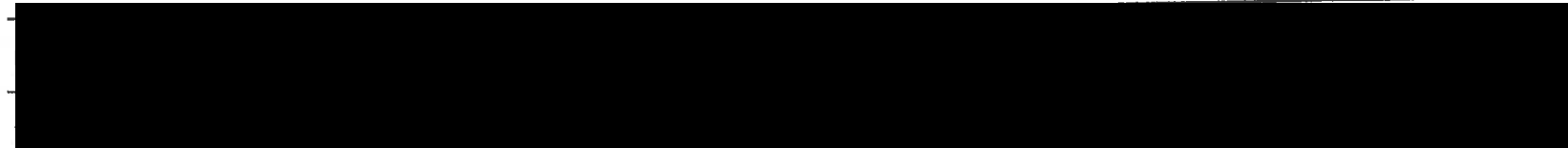
**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

<b>CALIFORNIA FORM 410</b>
Page 2
I.D. NUMBER

COMMITTEE NAME  
James Kyriaco for Goleta City Council 2018

- 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

Print