

**Officeholder and Candidate
Campaign Statement -
Short Form**

Date of election if applicable: (Month, Day, Year) <u>November 8, 2016</u>	<input type="checkbox"/> Amendment (Explain Below) _____ _____	Date Stamp CITY OF GOLETA CITY CLERK'S OFFICE 2016-11-18 PM 4:26	CALIFORNIA FORM 470 For Official Use Only
--	---	---	---

1. Statement Covers Calendar Year 20 2018 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Kyle Richards

STREET ADDRESS

130 Cremona Drive, Suite B

CITY

Goleta

STATE

CA

ZIP CODE

93117

AREA CODE/DAYTIME PHONE NUMBER

(805) 961-7537

OPTIONAL: FAX / E-MAIL ADDRESS

krichards@cityofgoleta.org

3. Office Sought or Held

OFFICE SOUGHT OR HELD

City Councilmember

JURISDICTION (LOCATION)

City of Goleta

DISTRICT NUMBER
(IF APPLICABLE)

4. Committee Information

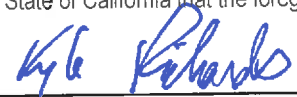
List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER
N/A	N/A	N/A

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$2,000 and that I will spend less than \$2,000 during the calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on July 18, 2019
DATE

By 
SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Clear Form

Print Form