

**Statement of Organization
Recipient Committee**

Statement Type Initial Amendment Termination – See Part 5

Not yet qualified or

List I.D. number: # 1387307

Date qualified as committee: 06/30/2016

List I.D. number: # _____

Date of Termination: _____

Date Stamp

CITY OF GOLETA
CITY CLERK'S OFFICE

2016 OCT 27 PM 4:09

CALIFORNIA FORM 410

For Official Use Only

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 <u>Goleta</u>	STATE <u>CA</u>	ZIP CODE <u>93117</u>	AREA CODE/PHONE <u>(805)451-8219</u>
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MAILING ADDRESS (IF DIFFERENT)
PO Box 770, Goleta, CA 93116

FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE <u>Santa Barbara County</u>	JURISDICTION WHERE COMMITTEE IS ACTIVE <u>City of Goleta</u>
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2. Treasurer and Other Principal Officers

NAME OF TREASURER
Jennifer Cooper

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

CITY <u>Santa Barbara</u>	STATE <u>CA</u>	ZIP CODE <u>93101</u>	AREA CODE/PHONE <u>(805)448-9470</u>
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NAME OF ASSISTANT TREASURER, IF ANY
Monica Intaglietta

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

CITY <u>Santa Barbara</u>	STATE <u>CA</u>	ZIP CODE <u>93101</u>	AREA CODE/PHONE <u>(805)709-0595</u>
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NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY _____	STATE _____	ZIP CODE _____	AREA CODE/PHONE _____
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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 10/27/16 By Jennifer Cooper
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 10/27/2016 By Kyle Richards
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME
Kyle Richards, Committee to Elect, Goleta City Council 2016

I.D. NUMBER
1387307

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

NAME OF FINANCIAL INSTITUTION Community West Bank		AREA CODE/PHONE (805)683-4944	[REDACTED]	
ADDRESS 5827 Hollister Avenue	CITY Goleta	STATE CA	ZIP CODE 93117	

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"/>