

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

Date of election if applicable:  
(Month, Day, Year)

November 8, 2016

**Amendment** (Explain Below)

---



---

Date Stamp

CITY OF  
GOLETA CLERK

2020 JAN 30

**CALIFORNIA  
FORM 470**

For Official Use Only

PM 5:42

1. Statement Covers Calendar Year 20 19 .

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE  
Kyle Richards

STREET ADDRESS  
37 Dearborn Place #84

CITY STATE ZIP CODE  
Goleta CA 93117

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS  
(805) 961-7537 krichards@cityofgoleta.org

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD  
City Councilmember

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)  
Goleta N/A

**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 January 30, 2020  
DATE

By Kyle Richards  
SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Clear Form

Print Form