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Statement Type	✓ Initial ■ Not yet qualifie		mendment	☐ Termination – See Part 5	at a still a stable Consider of G		For Official Use Only
	or O Date qualification	on threshold met Date	qualification threshold met	t Date of termination	MAY 04 2020	RECE	IVED AND FILE
1. Committee In	nformation	I.D. Number (if applicable)		2. Treasurer and	Other Principal Officers	97.1	ce of the Secretary of State of California AY 18 2020
NAME OF COMMITTEE Kyle Richards for		ncil 2020		Jennifer Cooper STREET ADDRESS (NO P.O. BOX) 226 E. Canon Pero	lido #D		en av zuzu
STREET ADDRESS (NO P.O. 226 E. Canon Pero	*			стту Santa Barbara	STATE CA	ZIP CODE 93101	AREA CODE/PHONE 805-448-9470
Santa Barbara	IF DIFFERENT)	CA 93101	AREA CODE/PHONE 805-448-9470	STREET ADDRESS (NO P.O. BOX)			
e-MAIL ADDRESS (REQUIR jen@cicsb.com				226 E. Canon Perd	STATE CA	ZIP CODE 93101	AREA CODE/PHONE 805-709-0595
Santa Barbara		y of Goleta	S ACTIVE	NAME OF PRINCIPAL OFFICER(S)			
Attach additional ii	nformation on app	propriately labeled co	ontinuation sheets.	STREET ADDRESS (NO P.O. BOX)	STATE	ZIP CODE	AREA CODE/PHONE
3. Verification I have used all rependity of perjune Executed on Executed on Executed on Executed on	asonable diligence y under the laws of 127 70 DATE DATE DATE	e in preparing this state of the State of Cal for By By By By By	SIGNATURE OF CONTR	st of my knowledge the informatis true and correct. GNATURE OF TREASURER OR ASSISTANT TREASURER OR STATE IN ROLLING OFFICEHOLDER, CANDIDATE, OR STATE IN ROLLING OFFICEHOLDER, CANDIDATE, OR STATE IN ROLLING OFFICEHOLDER, CANDIDATE, OR STATE IN	RER MEASURE PROPONENT MEASURE PROPONENT	ind complete	e. I certify under
		Clear		Print Print			Form 410 (August/2018 oc.ca.gov (866/275-3772 www.fppc.ca.go

Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

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COM	MIT:	TEE	NA	ME

Kyle Richards for Goleta City Council 2020

CALIFORNIA FORM	410	

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I.D. NUMBER

•	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	(INCLUDE DISTRICT NUMBER IF APPLICABLE)		YEAR OF ELECTION	PARTY CHECK ONE			
Kyle Richards	Goleta City Council		2020	Nonpartisan		(list political part	y below)
				Nonpartisan	Partisan	(list political part	y below)
Primarily Formed Committee Primarily formed to support or operations of the Candidate(s) name or measure(s) full title (include Ballot No. or letter of the Officeholder's Name.	ER) CANDID.	neasures in a single ele ATE(S) OFFICE SOUGHT OR HE NCLUDE DISTRICT NO., CITY O	LD OR MEASU	RE(S) JURISDICTION		CHECI	K ONE
						SUPPORT	OPPOSE
						SUPPORT	OPPOSE

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