

**Statement of Organization
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial	<input checked="" type="checkbox"/> Amendment	<input type="checkbox"/> Termination – See Part 5
<input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met	<input checked="" type="radio"/> Date qualification threshold met	Date of termination
____/____/____	9 / 29 / 20	____/____/____

Date Stamp

Received 11/2/2020
City of Goleta


CALIFORNIA FORM 410


For Official Use Only

1. Committee Information		I.D. Number		2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE Blanche "Grace" M. Wallace for Goleta City Council 2020		Not Yet Issued <small>(if applicable)</small>		NAME OF TREASURER Edward Fuller			
STREET ADDRESS (NO P.O. BOX) 145 Orange Ave Apt 4		CITY Goleta		STREET ADDRESS (NO P.O. BOX) 55 Hitchcock Way Suite 202		CITY Santa Barbara	
CITY Goleta		STATE CA		STATE CA		ZIP CODE 93105	
ZIP CODE 93117		AREA CODE/PHONE 801 695-0604		AREA CODE/PHONE 805 570-6988		NAME OF ASSISTANT TREASURER, IF ANY	
FULL MAILING ADDRESS (IF DIFFERENT)		STREET ADDRESS (NO P.O. BOX)		CITY		STATE	
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) bgracewallace@gmail.com		JURISDICTION WHERE COMMITTEE IS ACTIVE City of Goleta		ZIP CODE		AREA CODE/PHONE	
COUNTY OF DOMICILE Santa Barbara		NAME OF PRINCIPAL OFFICER(S)		STREET ADDRESS (NO P.O. BOX)		CITY	
Attach additional information on appropriately labeled continuation sheets.		STREET ADDRESS (NO P.O. BOX)		STATE		ZIP CODE	
		CITY		AREA CODE/PHONE			

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 10-28-20 By  SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 10/28/20 By  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

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INSTRUCTIONS ON REVERSE

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COMMITTEE NAME Blanche "Grace" M. Wallace for Goleta City Council 2020	I.D. NUMBER Not Yet Issued
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- All committees must list the financial institution where the campaign bank account is located.

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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	PARTY CHECK ONE		
Blanche "Grace" M. Wallace	Council Member City of Goleta	2020	Nonpartisan <input checked="" type="checkbox"/>	Partisan <input type="checkbox"/>	(list political party below)
			Nonpartisan <input type="checkbox"/>	Partisan <input type="checkbox"/>	(list political party below)

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