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# Statement of Organization Recipient Committee

Statement Type

<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Not yet qualified or <input type="checkbox"/> Date qualification threshold met	<input checked="" type="checkbox"/> Amendment Date qualification threshold met 9 / 29 / 20	<input type="checkbox"/> Termination - See Part 5 Date of termination
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Date Stamp  
**RECEIVED AND FILED**  
in the Office of the Secretary of State  
of the State of California  
NOV 02 2020

**CALIFORNIA FORM 410**  
For Official Use Only  
DEC 7 2020  
RECEIVED

1. Committee Information				2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE Blanche "Grace" M. Wallace for Goleta City Council 2020				NAME OF TREASURER Edward Fuller			
STREET ADDRESS (NO P.O. BOX) 145 Orange Ave Apt 4				STREET ADDRESS (NO P.O. BOX) 55 Hitchcock Way Suite 202			
CITY Goleta	STATE CA	ZIP CODE 93117	AREA CODE/PHONE 801 695-0604	CITY Santa Barbara	STATE CA	ZIP CODE 93105	AREA CODE/PHONE 805 570-6988
FULL MAILING ADDRESS (IF DIFFERENT)				NAME OF ASSISTANT TREASURER, IF ANY			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) bgracewallace@gmail.com				STREET ADDRESS (NO P.O. BOX)			
COUNTY OF DOMICILE Santa Barbara		JURISDICTION WHERE COMMITTEE IS ACTIVE City of Goleta		CITY STATE ZIP CODE AREA CODE/PHONE			
Attach additional information on appropriately labeled continuation sheets.				NAME OF PRINCIPAL OFFICER(S)			
				STREET ADDRESS (NO P.O. BOX)			
				CITY STATE ZIP CODE 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]  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 10/28/20 By Blanche "Grace" M. Wallace  
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

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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.

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER

**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	Partisan	(list political party below)
			Nonpartisan	Partisan	(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
		SUPPORT	OPPOSE