

**Statement of Organization
Recipient Committee**

Statement Type

Initial
Not yet qualified or

Amendment

List I.D. number:
1434463

Termination – See Part 5

List I.D. number:

_____/_____/_____
Date qualified as committee

_____/_____/_____
Date qualified as committee
(If applicable)

_____/_____/_____
Date of Termination

Date Stamp

Received 02/01/2021
City of Goleta

**CALIFORNIA
FORM 410**

For Official Use Only

1. Committee Information

NAME OF COMMITTEE

Blanche "Grace" M. Wallace for Goleta City Council 2022

STREET ADDRESS (NO P.O. BOX)

145 Orange Ave Apt. 4

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Goleta	C	93117	801 695-0604

MAILING ADDRESS (IF DIFFERENT)

Goleta, CA 93117

FAX / E-MAIL ADDRESS

bgracewallace@gmail.com

COUNTY OF DOMICILE

Santa Barbara

JURISDICTION WHERE COMMITTEE IS ACTIVE

City of Goleta

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Blanche "Grace" M. Wallace

STREET ADDRESS (NO P.O. BOX)

145 Orange Ave Apt. 4

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Goleta	C	93117	801 695-0604

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE

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 1/31/21 By Blanche "Grace" M. Wallace
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 1/31/21 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

COMMITTEE NAME

Blanche "Grace" M. Wallace for Goleta City Council 2022

I.D. NUMBER

1434463

- 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."
- 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
Blanche "Grace" M. Wallace	Goleta City Council Member	2022	<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"/>