

**Statement of Organization  
Recipient Committee**

Statement Type  Initial  Amendment  Termination - See Part 5  
 Not yet qualified  or  Date qualification threshold met  
 Date qualification threshold met Date of termination

RECEIVED AND FILED  
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CALIFORNIA FORM 410


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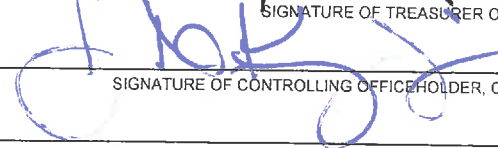
<b>1. Committee information</b>		<b>2. Treasurer and Other Principal Officers</b>	
I.D. Number (if applicable) 1401816		NAME OF TREASURER Jennifer Cooper	
NAME OF COMMITTEE James Kyriaco For Goleta City Council 2022		STREET ADDRESS (NO P.O. BOX) 226 East Canon Perdido Street #D	
STREET ADDRESS (NO P.O. BOX) 226 East Canon Perdido Street #D		CITY STATE ZIP CODE AREA CODE/PHONE Santa Barbara, CA 93101 (805) 448-9470	
CITY STATE ZIP CODE AREA CODE/PHONE Santa Barbara, CA 93101		NAME OF ASSISTANT TREASURER, IF ANY Monica Intaglietta	
MAILING ADDRESS (IF DIFFERENT)		STREET ADDRESS (NO P.O. BOX) 226 East Canon Perdido Street #D	
FAX / E-MAIL ADDRESS jen@cicsb.com		CITY STATE ZIP CODE AREA CODE/PHONE Santa Barbara, CA 93101 805-709-0595	
COUNTY OF DOMICILE Santa Barbara	JURISDICTION WHERE COMMITTEE IS ACTIVE City of Goleta	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 1/25/21 By  SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 1/25/21 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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COMMITTEE NAME

James Kyriaco For Goleta City Council 2022

I. D. NUMBER  
1401816

- 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."
- 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
James Kyriaco	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"/>

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COMMITTEE NAME

James Kyriaco For Goleta City Council 2022

I. D. NUMBER  
1401816

**4. Type of Committee** (Continued)

**General Purpose Committee**

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

CITY Committee     COUNTY Committee     STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

**Sponsored Committee**

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OF AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

**Small Contributor Committee**

\_\_\_\_\_ Date Qualified

**5. Termination Requirements**

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
- Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.