

**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 _____
 _____ 2020-06-30 _____ 2021-04-30

Date Stamp
RECEIVED AND FILED
 in the office of the Secretary of State
 of the State of California
MAY 07 2021

CALIFORNIA FORM 410
 For Official Use Only
CITY OF GOLETA CALIFORNIA
JUN 15 2021
RECEIVED

1. Committee information I.D. Number (if applicable) **1426647** **2. Treasurer and Other Principal Officers**

NAME OF COMMITTEE
 Kyle Richards For Goleta City Council 2020

STREET ADDRESS (NO P.O. BOX)
 226 East Canon Perdido Street #D

CITY STATE ZIP CODE AREA CODE/PHONE
 Santa Barbara, CA 93101

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS
 jen@cicsb.com

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
 Santa Barbara City of Goleta

NAME OF TREASURER
 Jen Cooper

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

NAME OF ASSISTANT TREASURER, IF ANY
 Monica Intaglietta

STREET ADDRESS (NO P.O. BOX)
 226 East Canon Perdido Street #D

CITY STATE ZIP CODE AREA CODE/PHONE
 Santa Barbara, CA 93101 805-709-0595

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 5/3/21 By [Signature]
 SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 5/3/21 By [Signature]
 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

Statement of Organization Recipient Committee

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COMMITTEE NAME

Kyle Richards For Goleta City Council 2020

I. D. NUMBER

1426647

- 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
Kyle Richards	City Council Member	2020	<input 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

Kyle Richards For Goleta City Council 2020

I. D. NUMBER

1426647

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.