

**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	Date qualification threshold met <u>07</u> / <u>25</u> / <u>24</u>	Date of termination ____ / ____ / ____

Date Stamp

**DIGITALLY
RECEIVED AND FILED**
in the office of the California
Secretary of State
JULY 29 2024

**CALIFORNIA
FORM 410**

For Official Use Only

FILED

AUG 06 2024

SANTA BARBARA COUNTY
ELECTIONS

1. Committee Information

I.D. Number 1471728
(if applicable)

NAME OF COMMITTEE Morris for SBCC Trustee 2024			
STREET ADDRESS (NO P.O. BOX) [REDACTED]			
CITY Santa Barbara	STATE CA	ZIP CODE 93101	AREA CODE/PHONE 805-448-9470
FULL MAILING ADDRESS (IF DIFFERENT)			
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL) jen@cicsb.com			
COUNTY OF DOMICILE Santa Barbara	JURISDICTION WHERE COMMITTEE IS ACTIVE Santa Barbara County		
<i>Attach additional information on appropriately labeled continuation sheets.</i>			

2. Treasurer and Other Principal Officers

NAME OF TREASURER Jennifer Cooper			
STREET ADDRESS (NO P.O. BOX) [REDACTED]	CITY Santa Barbara	STATE CA	ZIP CODE 93101
EMAIL ADDRESS OF TREASURER (REQUIRED) jen@cicsb.com		AREA CODE/PHONE 805-448-9470	
NAME OF ASSISTANT TREASURER, IF ANY Monica Intaglietta			
STREET ADDRESS (NO P.O. BOX) [REDACTED]	CITY Santa Barbara	STATE CA	ZIP CODE 93101
EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED) monica@cicsb.com		AREA CODE/PHONE 805-709-0595	
NAME OF PRINCIPAL OFFICER(S)			
STREET ADDRESS (NO P.O. BOX)	CITY	STATE	ZIP CODE
EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED)		AREA CODE/PHONE	

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 information is true and correct.

Executed on	<u>Jul 29 2024</u>	By	[REDACTED]
Executed on	<u>Jul 29 2024</u>	By	[REDACTED]
Executed on	____	By	____
Executed on	____	By	____

FPPC Form 410 (October/2023)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 2

COMMITTEE NAME Morris for SBCC Trustee 2024	I.D. NUMBER 1471728
--	------------------------

• All committees must list the financial institution where the campaign bank account is located and the person(s) authorized to obtain bank records.

NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RECORDS Pacific Premier Bank	AREA CODE/PHONE (805) 979-4422	BANK ACCOUNT NUMBER [REDACTED]
---	-----------------------------------	-----------------------------------

ADDRESS OF FINANCIAL INSTITUTION [REDACTED]	CITY Santa Barbara	STATE CA	ZIP CODE 93101
--	-----------------------	-------------	-------------------

Type of Committee: Control by candidate
 Type of Committee: Control by spouse
 Type of Committee: Control by partner
 Type of Committee: Control by organization
 Type of Committee: Control by candidate/TS

- 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 PROONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		
David Morris	Trustee, Santa Barbara City College Board, District 4	2024	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 <input type="checkbox"/>	OPPOSE <input type="checkbox"/>
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA
FORM 410

Page 3

I.D. NUMBER

1471728

COMMITTEE NAME
Memos for SBCC Treasurer 2024
Memos for SBCC Treasurer 2024
Memos for SBCC Treasurer 2024
Memos for SBCC Treasurer 2024

General Purpose Committee Not formed to support

or oppose specific candidates or measures in a single election. Check only one box:

COUNTY Committee

STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee List additional sponsors on an attachment.

NAME OF SPONSOR INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS NO. AND STREET CITY STATE ZIP CODE AREA CODE/PHONE

Small Contributor Committee ____/____/____
Date qualified

5. Termination Requirements By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or ponent 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.



Audit Trail

Document Details

Title Please sign the attached 410
File Name Form 410A_Morris for SBCC Trustee 2024 1471728.pdf
Document ID [REDACTED]
Fingerprint [REDACTED]
Status Completed

Document History

Document Created	Document Created by Jen Cooper (jen@cicsb.com) [REDACTED]	Jul 29 2024 07:00PM UTC
Document Signed	Document Signed by Jen Cooper (jen@cicsb.com) [REDACTED]	Jul 29 2024 07:00PM UTC
Document Sent	Document Sent to David Morris (dwmorris73@gmail.com)	Jul 29 2024 07:00PM UTC
Document Viewed	Document Viewed by David Morris (dwmorris73@gmail.com) [REDACTED]	Jul 29 2024 07:35PM UTC
Document Signed	Document Signed by David Morris (dwmorris73@gmail.com) [REDACTED]	Jul 29 2024