

**Statement of Organization
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial	<input type="checkbox"/> Amendment	<input checked="" type="checkbox"/> Termination – See Part 5
<input type="radio"/> Not yet qualified or <input checked="" type="radio"/> Date qualification threshold met	Date qualification threshold met	Date of termination
9 / 15 / 2020	____ / ____ / ____	1 / 31 / 2021

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1. Committee Information		2. Treasurer and Other Principal Officers	
I.D. Number 1429134 <small>(if applicable)</small>			
NAME OF COMMITTEE Committee to Elect Wade Nomura to Carpinteria City Council 2020		NAME OF TREASURER Wade Nomura	
[REDACTED]		[REDACTED]	
FULL MAILING ADDRESS (IF DIFFERENT)		NAME OF ASSISTANT TREASURER, IF ANY	
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) wade@wadenomura.com		STREET ADDRESS (NO P.O. BOX)	
COUNTY OF DOMICILE Santa Barbara		CITY STATE ZIP CODE AREA CODE/PHONE	
JURISDICTION WHERE COMMITTEE IS ACTIVE City of Carpinteria		NAME OF PRINCIPAL OFFICER(S) Wade Nomura	
Attach additional information on appropriately labeled continuation sheets.		[REDACTED]	

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 1/31/2021 By [REDACTED] ASSISTANT TREASURER

Executed on 1/31/2021 By [REDACTED] 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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INSTRUCTIONS ON REVERSE

Page 2

COMMITTEE NAME Committee to Elect Wade Nomura to Carpinteria City Council 2020	I.D. NUMBER 1429134
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• All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION Montecito Bank and Trust	AREA CODE/PHONE (805)963-7511	BANK ACCOUNT NUMBER 410110803
ADDRESS P. O. Box 2460	CITY Santa Barbara	STATE ZIP CODE CA 963120-2460

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		
Wade Nomura	Carpinteria City Council	2020	Nonpartisan <input checked="" type="checkbox"/>	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