Recipient Committee Campaign Statement Cover Page

COVER PAGE

CALIFORNIA FORM 460

Page 1 of 17

For Official Use Only

RECEIVED
Date Stamp
OCT 22 2026
City of Buellton

Statement covers period
from 09/20/2026
through 10/17/2026

Date of election if applicable (Month, Day, Year)
11/03/2026

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4

- [X] Officeholder, Candidate Controlled Committee
  - [ ] State Candidate Election Committee
  - [ ] Recall *(Also Complete Part 5)*
- [ ] General Purpose Committee
  - [ ] Sponsored
  - [ ] Small Contributor Committee
  - [ ] Political Party/Central Committee
- [ ] Primarily Formed Ballot Measure Committee
  - [ ] Controlled
  - [ ] Sponsored *(Also Complete Part 6)*
- [ ] Primarily Formed Candidate/ Officeholder Committee *(Also Complete Part 7)*

2. Type of Statement:

- [X] Preelection Statement
- [ ] Semi-annual Statement
- [ ] Termination Statement (Also file a Form 410 Termination)
- [ ] Amendment (Explain Below)
- [ ] Quarterly Statement
- [ ] Special Odd-Year Report

3. Committee Information

I.D. NUMBER 1495724

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Billy Silvola for Buellton City Council 2026

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) NO. AND STREET OR P.O. BOX

CITY | STATE | ZIP CODE | AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS
jen@cicsb.com

Treasurer(s)

NAME OF TREASURER
Jennifer Cooper

MAILING ADDRESS
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

MAILING ADDRESS
226 East Canon Perdido Street #D

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

OPTIONAL: FAX / E-MAIL ADDRESS
jen@cicsb.com

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules 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 10/22/26 (DATE) — By _____ Signature of Treasurer or Assistant Treasurer

Executed on 10/22/26 (DATE) — By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on _____ (DATE) — By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _____ (DATE) — By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

Powered by ISPolitical.com

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
William Silvola

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
City Council Member — City of Buellton — 1

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) — CITY — STATE — ZIP
Buellton, CA 93427

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy*

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? ☐ YES ☐ NO
COMMITTEE ADDRESS — STREET ADDRESS (NO P.O. BOX)	
CITY — STATE — ZIP CODE — AREA CODE/PHONE	

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? ☐ YES ☐ NO
COMMITTEE ADDRESS — STREET ADDRESS (NO P.O. BOX)	
CITY — STATE — ZIP CODE — AREA	

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	☐ SUPPORT ☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE

Powered by ISPolitical.com

Campaign Disclosure Statement
Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period
from 09/20/2026
through 10/17/2026

CALIFORNIA FORM 460

Page 3 of 17

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Billy Silvola for Buellton City Council 2026

I.D. NUMBER
1495724

Contributions Received

		Column A (TOTAL THIS PERIOD FROM ATTACHED SCHEDULES)	Column B (CALENDAR YEAR TOTAL TO DATE)
1. Monetary Contributions	Schedule A, Line 3	$ 6,320.00	$ 7,070.00
2. Loans Received	Schedule B, Line 3	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	$ 6,320.00	$ 7,070.00
4. Nonmonetary Contributions	Schedule C, Line 3	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	$ 6,320.00	$ 7,070.00

Expenditures Made

6. Payments Made	Schedule E, Line 4	$ 2,789.98	$ 3,132.95
7. Loans Made	Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	$ 2,789.98	$ 3,132.95
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	-632.95	59.01
10. Nonmonetary Adjustment	Schedule C, Line 3	0.00	0.00
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	$ 2,157.03	$ 3,191.96

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	$ 407.03
13. Cash Receipts	Column A, Line 3 above	6,320.00
14. Miscellaneous Increases to Cash	Schedule I, Line 4	0.00
15. Cash Payments	Column A, Line 8 above	2,789.98
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	$ 3,937.05

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED — Schedule B, Line 2 — $ 0.00

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	$ 0.00
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	$ 59.01

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contributions Received	$ 0.00	$ 0.00
21. Expenditures Made	$ 0.00	$ 0.00

Expenditures Limit Summary for State Candidates

22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
	$
	$
	$
	$
	$

*Amounts in this section may be different from amounts reported in Column B.

Powered by ISPolitical.com

Schedule A
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A

CALIFORNIA FORM 460

Statement covers period
from 09/20/2026
through 10/17/2026

Page 4 of 17

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Billy Silvola for Buellton City Council 2026

I.D. NUMBER
1495724

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF- EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
09/27/2026	Christine Klukkert Buellton, CA 93427	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Retired Retired	100.00	100.00	100.00 G-2026
10/01/2026	Charlotte Valestra Santa Ynez, CA 93460	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Retired Retired	500.00	500.00	500.00 G-2026
10/02/2026	Alice Gillaroo Santa Ynez, CA 93460	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Retired Retired	1,000.00	1,000.00	1,000.00 G-2026
10/05/2026	William Silvola Buellton, CA 93427	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Teacher Santa Ynez High School	500.00	500.00	500.00 G-2026
10/02/2026	Elizabeth Spaulding Mansfield, TX 76063	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Communication Director Lockheed Martin	1,000.00	1,000.00	1,000.00 G-2026

SUBTOTAL $ 3,100.00

Powered by ISPolitical.com

Schedule A
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A

CALIFORNIA FORM 460

Statement covers period
from 09/20/2026
through 10/17/2026

Page 5 of 17

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Billy Silvola for Buellton City Council 2026

I.D. NUMBER
1495724

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF- EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/03/2026	Lynnette Silva Santa Maria, CA 93455	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Property Management Tri W	100.00	100.00	100.00 G-2026
10/10/2026	Brian Silvola Bethesda, MD 20817	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Sales Humana	100.00	100.00	100.00 G-2026
10/13/2026	Central Coast Labor Council Political Action Committee 555 East Ocean Boulevard #420 Long Beach, CA 90802 ID: 890222	[ ] IND [X] COM [ ] OTH [ ] PTY [ ] SCC		500.00	500.00	500.00 G-2026
10/16/2026	Planned Parenthood Central Coast Action Fund PAC 518 Garden Street Santa Barbara, CA 93101 ID: 1278950	[ ] IND [X] COM [ ] OTH [ ] PTY [ ] SCC		1,000.00	1,000.00	1,000.00 G-2026
10/17/2026	IBEW PAC Educational Fund 900 Seventh Street, N.W. Washington, DC 20001 ID: C00027342	[ ] IND [X] COM [ ] OTH [ ] PTY [ ] SCC		1,500.00	1,500.00	1,500.00 G-2026

SUBTOTAL $ 3,200.00

Schedule A
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A

CALIFORNIA FORM 460

Statement covers period
from 09/20/2026
through 10/17/2026

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Billy Silvola for Buellton City Council 2026

I.D. NUMBER
1495724

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF- EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				

Schedule A Summary

1. Amount received this period - itemized monetary contributions. (Include all Schedule A subtotals.) . . . . . $ 6,300.00

2. Amount received this period - unitemized monetary contributions of less than $100 . . . . . $ 20.00

3. Total monetary contributions received this period. (add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) . . . . . TOTAL $ 6,320.00

* Contributor Codes

IND - Individual
COM - Recipient Committee (other than PTY or SCC)
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

SUBTOTAL $ 0.00

Powered by ISPolitical.com

Schedule B - Part 1
Loans Received

Amounts may be rounded to whole dollars.

SCHEDULE B - PART 1

Statement covers period
from 09/20/2026
through 10/17/2026

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Billy Silvola for Buellton City Council 2026

I.D. NUMBER
1495724

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF- EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD **	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
*☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$	$	☐ PAID $ ☐ FORGIVEN $	$ DATE DUE	% RATE $	$ DATE INCURRED	CALENDAR YEAR $ PER ELECTION**
*☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$	$	☐ PAID $ ☐ FORGIVEN $	$ DATE DUE	% RATE $	$ DATE INCURRED	CALENDAR YEAR $ PER ELECTION**

Schedule B Summary

1. Loans received this period (Total Column (b) plus unitemized loans of less than $100.) $ 0.00

2. Loans paid or forgiven this period (Total Column (c) plus loans under $100 paid or forgiven) $ 0.00
(Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) NET $ 0.00
Enter the net here and on the Summary Page, Column A, Line 2 (May be a negative number)

* Contributor Codes
IND - Individual
COM - Recipient Committee (other than PTY or SCC)
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

SUBTOTALS $	0.00	$ 0.00	$ 0.00	$ 0.00

*Amounts forgiven or paid by another party also must be reported on Schedule A.
** If required.

(Enter (e) on Schedule E, Line 3)

Powered by ISPolitical.com

Schedule B - Part 2
Loan Guarantors

Amounts may be rounded to whole dollars.

SCHEDULE B - PART 2

Statement covers period
from 09/20/2026
through 10/17/2026

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Billy Silvola for Buellton City Council 2026

I.D. NUMBER
1495724

FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I D NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		LENDER DATE		CALENDAR DATE $ PER ELECTION (IF REQUIRED)	

SUBTOTAL $ | Enter on Summary Page. Line 17 only.

Schedule C
Nonmonetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE C

CALIFORNIA FORM 460

Statement covers period
from 09/20/2026
through 10/17/2026

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Billy Silvola for Buellton City Council 2026

I.D. NUMBER
1495724

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF- EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					

Schedule C Summary

1. Amount received this period - itemized nonmonetary contributions. (Include all Schedule C subtotals.) $ 0.00
2. Amount received this period - unitemized nonmonetary contributions of less than $100 $ 0.00
3. Total nonmonetary contributions received this period. (add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) TOTAL $ 0.00

* Contributor Codes

IND - Individual
COM - Recipient Committee (other than PTY or SCC)
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

SUBTOTAL $ 0.00

Powered by ISPolitical.com

Schedule D
Summary of Expenditures Supporting/Opposing Other Candidates, Measures, and Committees

Amounts may be rounded to whole dollars.

SCHEDULE D

Statement covers period
from 09/20/2026
through 10/17/2026

CALIFORNIA FORM 460

NAME OF FILER
Billy Silvola for Buellton City Council 2026

I.D. NUMBER
1495724

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	☐ Support ☐ Oppose	☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure				
	☐ Support ☐ Oppose	☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure				

SCHEDULE D SUMMARY

1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) $ 0.00

2. Unitemized contributions and independent expenditures made this period of under $100 $ 0.00

3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) TOTAL $ 0.00

SUBTOTAL $ 0.00

Schedule E
Payments Made

Amounts may be rounded to whole dollars.

SCHEDULE E

Statement covers period
from 09/20/2026
through 10/17/2026

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Billy Silvola for Buellton City Council 2026

I.D. NUMBER
1495724

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.
CNS campaign consultants
CTB contribution (explain nonmonetary)*
CVC civic donations
FIL candidate filing/ballot fees
FND fundraising events
IND independent expenditure supporting/opposing others (explain)*
LEG legal defense
LIT campaign literature and mailings
MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads
RAD radio airtime and production costs
RFD returned contributions
SAL campaign workers' salaries
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Mary Rose & Associates 415 Donze Avenue Santa Barbara, CA 93101			Agent payment -- See Sched G	324.33
Mary Rose & Associates 415 Donze Avenue Santa Barbara, CA 93101			Agent payment -- See Sched G	367.63
Mary Rose & Associates 415 Donze Avenue Santa Barbara, CA 93101			Agent payment -- See Sched G	631.06
C&I Consulting 226 East Canon Perdido Street #D Santa Barbara, CA 93101	PRO			300.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL $ 1,623.02

Schedule E
Payments Made

Amounts may be rounded to whole dollars.

SCHEDULE E

CALIFORNIA FORM 460

Statement covers period
from 09/20/2026
through 10/17/2026

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Billy Silvola for Buellton City Council 2026

I.D. NUMBER
1495724

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc
CNS campaign consultants
CTB contribution (explain nonmonetary)*
CVC civic donations
FIL candidate filing/ballot fees
FND fundraising events
IND independent expenditure supporting/opposing others (explain)*
LEG legal defense
LIT campaign literature and mailings
MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads
RAD radio airtime and production costs
RFD returned contributions
SAL campaign workers' salaries
TEL t.v or cable airtime and production costs
TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
C&I Consulting 226 East Canon Perdido Street #D Santa Barbara, CA 93101	PRO			300.00
Mary Rose & Associates 415 Donze Avenue Santa Barbara, CA 93101			Agent payment -- See Sched G	631.06
Integrated Solutions: Political 4142 Adams Avenue Suite 103-550 San Diego, CA 92116	OFC			100.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL $ 1,031.06

Schedule E
Payments Made

Amounts may be rounded to whole dollars.

SCHEDULE E

CALIFORNIA FORM 460

Statement covers period
from 09/20/2026
through 10/17/2026

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Billy Silvola for Buellton City Council 2026

I.D. NUMBER
1495724

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.
CNS campaign consultants
CTB contribution (explain nonmonetary)*
CVC civic donations
FIL candidate filing/ballot fees
FND fundraising events
IND independent expenditure supporting/opposing others (explain)*
LEG legal defense
LIT campaign literature and mailings
MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads
RAD radio airtime and production costs
RFD returned contributions
SAL campaign workers' salaries
TEL t v. or cable airtime and production costs
TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) $ 2,6 540.8
2. Unitemized payments made this period of under $100 $ 135.9 0
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) $ 0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) TOTAL $ 2,789.98

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL $ 0.00

Powered by ISPolitical.com

Schedule F
Accrued Expenses (Unpaid Bills)

Amounts may be rounded to whole dollars.

SCHEDULE F

Statement covers period
from 09/20/2026
through 10/17/2026

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Billy Silvola for Buellton City Council 2026

I.D. NUMBER
1495724

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.
CNS campaign consultants
CTB contribution (explain nonmonetary)*
CVC civic donations
FIL candidate filing/ballot fees
FND fundraising events
IND independent expenditure supporting/opposing others (explain)*
LEG legal defense
LIT campaign literature and mailings
MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads
RAD radio airtime and production costs
RFD returned contributions
SAL campaign workers' salaries
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Mary Rose & Associates 415 Donze Avenue Santa Barbara, CA 93101	Agent payment -- See Sched G	324.33	0.00	324.33	0.00
Mary Rose & Associates 415 Donze Avenue Santa Barbara, CA 93101	Agent payment -- See Sched G	367.63	0.00	367.63	0.00

SCHEDULE F SUMMARY

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of $100 or more, plus total unitemized accrued expenses under $100.) — INCURRED TOTALS $ 59.01

2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of $100 or more, plus total unitemized payments on accrued expenses under $100.) — PAID TOTALS $ 691.96

3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) — NET $ -632.95

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTALS	$ 691.96	$ 0.00	$ 691.96	$ 0.00

Powered by ISPolitical.com

Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Amounts may be rounded to whole dollars.

SCHEDULE G

CALIFORNIA FORM 460

Statement covers period
from 09/20/2026
through 10/17/2026

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Billy Silvola for Buellton City Council 2026

I.D. NUMBER
1495724

NAME OF AGENT OR INDEPENDENT CONTRACTOR
Mary Rose & Associates

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc
CNS campaign consultants
CTB contribution (explain nonmonetary)*
CVC civic donations
FIL candidate filing/ballot fees
FND fundraising events
IND independent expenditure supporting/opposing others (explain)*
LEG legal defense
LIT campaign literature and mailings
MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads
RAD radio airtime and production costs
RFD returned contributions
SAL campaign workers' salaries
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Kristal Graphics 9607 Canoga Avenue Los Angeles, CA 91311	CMP			631.06
Kristal Graphics 9607 Canoga Avenue Los Angeles, CA 91311	CMP			631.06

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

TOTAL * $ 1,262.12

** Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E

Powered by ISPolitical.com

Schedule H
Loans Made to Others*

Amounts may be rounded to whole dollars.

SCHEDULE H

Statement covers period
from 09/20/2026
through 10/17/2026

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Billy Silvola for Buellton City Council 2026

I.D. NUMBER
1495724

FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF- EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD *	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
		$	$	☐ PAID $ ☐ FORGIVEN $	$ DATE DUE	% RATE $	$ DATE INCURRED	CALENDAR YEAR $ PER ELECTION**
SUBTOTALS		$	$	$		$	$	

*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E

Powered by ISPolitical.com

Schedule I
Miscellaneous Increases to Cash

Amounts may be rounded to whole dollars.

SCHEDULE I

Statement covers period
from 09/20/2026
through 10/17/2026

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Billy Silvola for Buellton City Council 2026

I.D. NUMBER
1495724

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

Schedule I Summary

1. Itemized increases to cash this period. $ 0.00
2. Unitemized increases to cash of under $100 this period. $ 0.00
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) $ 0.00
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.)

TOTAL $ 0.00

SUBTOTAL $ 0.00

497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER		Date of This Filing	Date Stamp	CALIFORNIA FORM 497
Billy Silvola for Buellton City Council 2026		10/05/2026 10:29	Received	
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable)	Report No. 15	OCT 0 5 2026	For Official Use Only
	1495724	☐ Amendment to Report No.	Buellton City Clerk	
STREET ADDRESS		(explain below)		
226 East Canon Perdido Street #D		No. of Pages 2		
CITY / STATE / ZIP CODE				
Santa Barbara, CA 93101				

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
2026-10-02	Alice Gillaroo Santa Ynez, CA 93460	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired Retired	1,000.00 ☐ Check if Loan _____ % Provide Interest Rate
2026-10-02	Elizabeth Spaulding Mansfield, TX 76063	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Communication Director Lockheed Martin	1,000.00 ☐ Check if Loan _____ % Provide Interest Rate

Reason for Amendment: _____

* Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER		Date of This Filing	Date Stamp	CALIFORNIA FORM 497
Billy Silvola for Buellton City Council 2026		10/05/2026 10:29	Received	
AREA CODE/PHONE NUMBER	I.D. NUMBER (If applicable)	Report No. 15	OCT 0 5 2026	For Official Use Only
	1495724	☐ Amendment to Report No.		
STREET ADDRESS		(explain below)	Buellton City Clerk	
226 East Canon Perdido Street #D		No. of Pages 2		
CITY / STATE / ZIP CODE				
Santa Barbara, CA 93101				

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)

Reason for Amendment: _____

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: 10/02/2026

Date of termination:

Date Stamp: Received OCT 0 2 2026 Buellton City Clerk

CALIFORNIA FORM 410

For Official Use Only

1. Committee information

I.D. Number *(if applicable)* 1495724

NAME OF COMMITTEE

Billy Silvola for Buellton City Council 2026

STREET ADDRESS (NO P.O. BOX)

226 East Canon Perdido Street #D

CITY | STATE | ZIP CODE | AREA CODE/PHONE

Santa Barbara, CA 93101

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: City of Buellton

Attach additional information on appropriately labeled continuation sheets

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Jennifer Cooper

STREET ADDRESS (NO P.O. BOX) | CITY | STATE | ZIP CODE

226 East Canon Perdido Street #D | Santa Barbara, CA 93101

EMAIL ADDRESS OF TREASURER (REQUIRED) | AREA CODE/PHONE

jen@cicsb.com | 805-448-9470

NAME OF ASSISTANT TREASURER, IF ANY

Monica Intaglietta

STREET ADDRESS (NO P.O BOX) | CITY | STATE | ZIP CODE

226 East Canon Perdido Street #D | Santa Barbara, CA 93101

EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED) | AREA CODE/PHONE

monica@cicsb.com | 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

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 Oct 02 2026 By Jennifer Cooper
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on Oct 02 2026 By William Silvola
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

CALIFORNIA FORM **410**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME
Billy Silvola for Buellton City Council 2026

I. D. NUMBER
1495724

- **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		AREA CODE/PHONE	BANK ACCOUNT NUMBER
Columbia Bank	Monica Intaglietta	(805) 979-4422	

ADDRESS OF FINANCIAL INSTITUTION	CITY	STATE	ZIP CODE
1035 State Street	Santa Barbara, CA 93101		

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		
William Silvola	City Council Member JURISDICTION: City of Buellton DISTRICT NO.: 1	2026	Nonpartisan [X]	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 [ ]
		SUPPORT [ ]	OPPOSE [ ]

Powered by ISPolitical.com

Statement of Organization
Recipient Committee

CALIFORNIA FORM **410**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME
Billy Silvola for Buellton City Council 2026

I. D. NUMBER
1495724

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 AREA CODE/PHONE

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.

Powered by ISPolitical.com

xodo sign
by apryse

Audit Trail

Document Details

Title	Please sign this Form 410
File Name	Form 410A_Billy Silvola for Buellton City Council 2026_1495724.pdf
Document ID	68b461448a8c4de6b73ff664aa0ca1d1
Fingerprint	e6a78de1d4f162597c31ab4af160918c
Status	Completed

Document History

Document Created	Document Created by Jen Cooper (jen@cicsb.com) Fingerprint: 3645e22d94615cf9d890f050c1b638b0	Oct 02 2026 01:57PM America/Los_Angeles
Document Signed	Document Signed by Jen Cooper (jen@cicsb.com) IP: 47.143.29.135 Jennifer Cooper	Oct 02 2026 01:57PM America/Los_Angeles
Document Sent	Document Sent to William Silvola (billy.silvola@gmail.com)	Oct 02 2026 01:57PM America/Los_Angeles
Document Viewed	Document Viewed by William Silvola (billy.silvola@gmail.com) IP: 205.154.155.7	Oct 02 2026 02:10PM America/Los_Angeles
Document Signed	Document Signed by William Silvola (billy.silvola@gmail.com) IP: 205.154.155.7 William Silvola	Oct 02 2026 02:11PM America/Los_Angeles
Document Completed	This document has been completed. Fingerprint: e6a78de1d4f162597c31ab4af160918c	Oct 02 2026 02:11PM America/Los_Angeles

Recipient Committee Campaign Statement Cover Page

COVER PAGE

Date Stamp: RECEIVED SEP 24 2026 City of Buellton

CALIFORNIA FORM 460

Page 1 of 13

For Official Use Only

Statement covers period
from 01/01/2026
through 09/19/2026

Date of election if applicable: (Month, Day, Year)
11/03/2026

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4

- [X] Officeholder, Candidate Controlled Committee
  - [ ] State Candidate Election Committee
  - [ ] Recall
  - *(Also Complete Part 5)*
- [ ] General Purpose Committee
  - [ ] Sponsored
  - [ ] Small Contributor Committee
  - [ ] Political Party/Central Committee
- [ ] Primarily Formed Ballot Measure Committee
  - [ ] Controlled
  - [ ] Sponsored
  - *(Also Complete Part 6)*
- [ ] Primarily Formed Candidate/ Officeholder Committee
  - *(Also Complete Part 7)*

2. Type of Statement:

- [X] Preelection Statement
- [ ] Semi-annual Statement
- [ ] Termination Statement (Also file a Form 410 Termination)
- [ ] Amendment (Explain Below)
- [ ] Quarterly Statement
- [ ] Special Odd-Year Report

3. Committee Information

I.D. NUMBER 1495724

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Billy Silvola for Buellton City Council 2026

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) NO. AND STREET OR P.O. BOX

CITY | STATE | ZIP CODE | AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS
jen@cicsb.com

Treasurer(s)

NAME OF TREASURER
Jennifer Cooper

MAILING ADDRESS
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

MAILING ADDRESS
226 East Canon Perdido Street #D

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

OPTIONAL: FAX / E-MAIL ADDRESS
jen@cicsb.com

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules 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 9/24/26 (DATE)
By _____ Signature of Treasurer or Assistant Treasurer

Executed on 9/24/26 (DATE)
By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on _____ (DATE)
By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _____ (DATE)
By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

Recipient Committee Campaign Statement Cover Page - Part 2

CALIFORNIA FORM 460

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

William Silvola

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

City Councilmember — City of Buellton — 1

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) — CITY — STATE — ZIP

Buellton, CA 93427

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy*

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? ☐ YES ☐ NO

COMMITTEE ADDRESS — STREET ADDRESS (NO P.O. BOX)

CITY — STATE — ZIP CODE — AREA CODE/PHONE

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? ☐ YES ☐ NO

COMMITTEE ADDRESS — STREET ADDRESS (NO P.O. BOX)

CITY — STATE — ZIP CODE — AREA

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	☐ SUPPORT ☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE

Campaign Disclosure Statement
Summary Page

Amounts may be rounded to whole dollars.

Statement covers period
from 01/01/2026
through 09/19/2026

SUMMARY PAGE
CALIFORNIA FORM 460

Page 3 of 13

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Billy Silvola for Buellton City Council 2026

I.D. NUMBER
1495724

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	*Schedule A, Line 3*	$ 750.00	$ 750.00
2. Loans Received	*Schedule B, Line 3*	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS	*Add Lines 1 + 2*	$ 750.00	$ 750.00
4. Nonmonetary Contributions	*Schedule C, Line 3*	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED	*Add Lines 3 + 4*	$ 750.00	$ 750.00

Expenditures Made

6. Payments Made	*Schedule E, Line 4*	$ 342.97	$ 342.97
7. Loans Made	*Schedule H, Line 3*	0.00	0.00
8. SUBTOTAL CASH PAYMENTS	*Add Lines 6 + 7*	$ 342.97	$ 342.97
9. Accrued Expenses (Unpaid Bills)	*Schedule F, Line 3*	691.96	691.96
10. Nonmonetary Adjustment	*Schedule C, Line 3*	0.00	0.00
11. TOTAL EXPENDITURES MADE	*Add Lines 8 + 9 + 10*	$ 1,034.93	$ 1,034.93

Current Cash Statement

12. Beginning Cash Balance	*Previous Summary Page, Line 16*	$ 0.00
13. Cash Receipts	*Column A, Line 3 above*	750.00
14. Miscellaneous Increases to Cash	*Schedule I, Line 4*	0.00
15. Cash Payments	*Column A, Line 8 above*	342.97
16. ENDING CASH BALANCE	*Add Lines 12 + 13 + 14, then subtract Line 15*	$ 407.03

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED — *Schedule B, Line 2* — $ 0.00

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	$ 0.00
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	$ 691.96

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contributions Received	$ 0.00	$ 0.00
21. Expenditures Made	$ 0.00	$ 0.00

Expenditures Limit Summary for State Candidates

22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
	$
	$
	$
	$
	$

*Amounts in this section may be different from amounts reported in Column B.

Schedule A
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A

Statement covers period
from 01/01/2026
through 09/19/2026

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Billy Silvola for Buellton City Council 2026

I.D. NUMBER
1495724

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF- EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
09/14/2026	David Silva for Mayor 2026 226 East Canon Perdido Street #D Santa Barbara, CA 93101 ID: 1478859	☐ IND ☒ COM ☐ OTH ☐ PTY ☐ SCC		500.00	500.00	500.00 G-2026
09/17/2026	Joan Hartmann Buellton, CA 93427	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	County Supervisor County of Santa Barbara	250.00	250.00	250.00 G-2026

Schedule A Summary

1. Amount received this period - itemized monetary contributions. (Include all Schedule A subtotals.) $ 750.00
2. Amount received this period - unitemized monetary contributions of less than $100 $ 0.00
3. Total monetary contributions received this period. (add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL $ 750.00

* Contributor Codes

IND - Individual
COM - Recipient Committee (other than PTY or SCC)
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

SUBTOTAL $ 750.00

Powered by ISPolitical.com

Schedule B - Part 1
Loans Received

Amounts may be rounded to whole dollars.

SCHEDULE B - PART 1

Statement covers period
from 01/01/2026
through 09/19/2026

CALIFORNIA FORM 460

Page 5 of 13

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Billy Silvola for Buellton City Council 2026

I.D. NUMBER
1495724

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF- EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD **	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
*☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$	$	☐ PAID $ ☐ FORGIVEN $	$ DATE DUE	% RATE $	$ DATE INCURRED	CALENDAR YEAR $ PER ELECTION**
*☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$	$	☐ PAID $ ☐ FORGIVEN $	$ DATE DUE	% RATE $	$ DATE INCURRED	CALENDAR YEAR $ PER ELECTION**

Schedule B Summary

1. Loans received this period $ 0.00
   (Total Column (b) plus unitemized loans of less than $100.)

2. Loans paid or forgiven this period $ 0.00
   (Total Column (c) plus loans under $100 paid or forgiven)
   (Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) NET $ 0.00
   Enter the net here and on the Summary Page, Column A, Line 2
   (May be a negative number)

* Contributor Codes

IND - Individual
COM - Recipient Committee (other than PTY or SCC)
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

SUBTOTALS $	0.00	$ 0.00	$ 0.00	$ 0.00

*Amounts forgiven or paid by another party also must be reported on Schedule A.
** If required.

(Enter (e) on Schedule E, Line 3)

Powered by ISPolitical.com

Schedule B - Part 2
Loan Guarantors

Amounts may be rounded to whole dollars.

SCHEDULE B - PART 2

Statement covers period
from 01/01/2026
through 09/19/2026

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Billy Silvola for Buellton City Council 2026

I.D. NUMBER
1495724

FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC ☐		LENDER DATE		CALENDAR DATE $ _____ PER ELECTION (IF REQUIRED)	

SUBTOTAL $ | Enter on Summary Page. Line 17 only.

Powered by ISPolitical.com

Schedule C
Nonmonetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE C

CALIFORNIA FORM 460

Statement covers period
from 01/01/2026
through 09/19/2026

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Billy Silvola for Buellton City Council 2026

I.D. NUMBER
1495724

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					

Schedule C Summary

1. Amount received this period - itemized nonmonetary contributions.
(Include all Schedule C subtotals.) $ 0.00

2. Amount received this period - unitemized nonmonetary contributions of less than $100 $ 0.00

3. Total nonmonetary contributions received this period.
(add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) TOTAL $ 0.00

* Contributor Codes

IND - Individual
COM - Recipient Committee (other than PTY or SCC)
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

SUBTOTAL $ 0.00

Schedule D
Summary of Expenditures Supporting/Opposing Other Candidates, Measures, and Committees

Amounts may be rounded to whole dollars.

SCHEDULE D

CALIFORNIA FORM 460

Statement covers period
from 01/01/2026
through 09/19/2026

NAME OF FILER
Billy Silvola for Buellton City Council 2026

I.D. NUMBER
1495724

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	☐ Support ☐ Oppose	☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure				
	☐ Support ☐ Oppose	☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure				

SCHEDULE D SUMMARY

1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) $ 0.00

2. Unitemized contributions and independent expenditures made this period of under $100 $ 0.00

3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) TOTAL $ 0.00

SUBTOTAL $ 0.00

Powered by ISPolitical.com

Schedule E
Payments Made

Amounts may be rounded to whole dollars.

SCHEDULE E

Statement covers period
from 01/01/2026
through 09/19/2026

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Billy Silvola for Buellton City Council 2026

I.D. NUMBER
1495724

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.
CNS campaign consultants
CTB contribution (explain nonmonetary)*
CVC civic donations
FIL candidate filing/ballot fees
FND fundraising events
IND independent expenditure supporting/opposing others (explain)*
LEG legal defense
LIT campaign literature and mailings
MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads
RAD radio airtime and production costs
RFD returned contributions
SAL campaign workers' salaries
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Kristal Graphics Los Angeles, CA 91311	CMP			342.97

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) $ 342.97
2. Unitemized payments made this period of under $100 $ 0.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) $ 0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) TOTAL $ 342.97

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL $ 342.97

Schedule F
Accrued Expenses (Unpaid Bills)

Amounts may be rounded to whole dollars.

SCHEDULE F

Statement covers period
from 01/01/2026
through 09/19/2026

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Billy Silvola for Buellton City Council 2026

I.D. NUMBER
1495724

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.
CNS campaign consultants
CTB contribution (explain nonmonetary)*
CVC civic donations
FIL candidate filing/ballot fees
FND fundraising events
IND independent expenditure supporting/opposing others (explain)*
LEG legal defense
LIT campaign literature and mailings
MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads
RAD radio airtime and production costs
RFD returned contributions
SAL campaign workers' salaries
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Mary Rose & Associates Santa Barbara, CA 93101	Agent payment -- See Sched G	0.00	324.33	0.00	324.33
Mary Rose & Associates Santa Barbara, CA 93101	Agent payment -- See Sched G	0.00	367.63	0.00	367.63

SCHEDULE F SUMMARY

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of $100 or more, plus total unitemized accrued expenses under $100.) — INCURRED TOTALS $ 691.96

2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of $100 or more, plus total unitemized payments on accrued expenses under $100.) — PAID TOTALS $ 0.00

3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) — NET $ 691.96

SUBTOTALS	$ 0.00	$ 691.96	$ 0.00	$ 691.96

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Powered by ISPolitical.com

Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Amounts may be rounded to whole dollars.

SCHEDULE G

CALIFORNIA FORM 460

Statement covers period
from 01/01/2026
through 09/19/2026

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Billy Silvola for Buellton City Council 2026

I.D. NUMBER
1495724

NAME OF AGENT OR INDEPENDENT CONTRACTOR

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.
CNS campaign consultants
CTB contribution (explain nonmonetary)*
CVC civic donations
FIL candidate filing/ballot fees
FND fundraising events
IND independent expenditure supporting/opposing others (explain)*
LEG legal defense
LIT campaign literature and mailings
MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads
RAD radio airtime and production costs
RFD returned contributions
SAL campaign workers' salaries
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

TOTAL * $

** Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

Schedule H
Loans Made to Others*

Amounts may be rounded to whole dollars.

SCHEDULE H

Statement covers period
from 01/01/2026
through 09/19/2026

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Billy Silvola for Buellton City Council 2026

I.D. NUMBER
1495724

FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF- EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD *	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
		$ _____	$ _____	☐ PAID $ _____ ☐ FORGIVEN $ _____	$ _____ _____ DATE DUE	_____ % RATE $ _____	$ _____ _____ DATE INCURRED	CALENDAR YEAR $ _____ PER ELECTION**
SUBTOTALS		$	$	$		$		

*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E

Powered by ISPolitical.com

Schedule I
Miscellaneous Increases to Cash

Amounts may be rounded to whole dollars.

SCHEDULE I

Statement covers period
from 01/01/2026
through 09/19/2026

CALIFORNIA FORM 460

Page 13 of 13

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Billy Silvola for Buellton City Council 2026

I.D. NUMBER
1495724

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

Schedule I Summary

1. Itemized increases to cash this period. $ 0.00
2. Unitemized increases to cash of under $100 this period. $ 0.00
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) $ 0.00
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.)

TOTAL $ 0.00

SUBTOTAL $ 0.00

Statement of Organization
Recipient Committee

Statement Type

☑ Initial
◉ Not yet qualified
or
○ Date qualification threshold met
_____/_____/_____

☐ Amendment
Date qualification threshold met
____/____/____

☐ Termination – See Part 5
Date of termination
_____/_____/_____

Date Stamp
RECEIVED
AUG 31 2026
City of Buellton

CALIFORNIA FORM 410
For Official Use Only

1. Committee Information

I.D. Number *(if applicable)*

NAME OF COMMITTEE
Billy Silvola for Buellton City Council 2026

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Santa Barbara	CA	93101	805-448-9470

FULL MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)
jen@cicsb.com

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

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Jennifer Cooper

STREET ADDRESS (NO P.O. BOX)	CITY	STATE	ZIP CODE
226 E. Canon Perdido #D	Santa Barbara	CA	93101

EMAIL ADDRESS OF TREASURER (REQUIRED)	AREA CODE/PHONE
jen@cicsb.com	805-448-9470

NAME OF ASSISTANT TREASURER, IF ANY
Monica Intaglietta

STREET ADDRESS (NO P.O. BOX)	CITY	STATE	ZIP CODE
226 E. Canon Perdido #D	Santa Barbara	CA	93101

EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED)	AREA CODE/PHONE
monica@cicsb.com	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

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 8/25/26 (DATE) By _____ (SIGNATURE OF TREASURER OR ASSISTANT TREASURER)

Executed on 8/31/26 (DATE) By _____ (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT)

Executed on _____ (DATE) By _____ (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT)

Executed on _____ (DATE) By _____ (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT)

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA FORM 410

COMMITTEE NAME	I.D. NUMBER
Billy Silvola for Buellton City Council 2026	

- **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	AREA CODE/PHONE	BANK ACCOUNT NUMBER
Columbia Bank — Monica Intaglietta	(805) 979-4422	8814005289

ADDRESS OF FINANCIAL INSTITUTION	CITY	STATE	ZIP CODE
1035 State Street	Santa Barbara	CA	93101

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		
			Nonpartisan	Partisan	(list political party below)
William Silvola	City Councilmember, City of Buellton, Dist 1	2026	✓		
			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
		SUPPORT	OPPOSE

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA FORM 410

COMMITTEE NAME
Billy Silvola for Buellton City Council 2026

I.D. NUMBER

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 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.