

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Committee to Elect Kyle Richards		Date of This Filing 8/22/16	Date Stamp 2016 AUG 22 PM 2:17
AREA CODE/PHONE NUMBER _____	I.D. NUMBER (if applicable) 1387307	Report No. 1	FORM 497 CALIFORNIA For Official Use Only
STREET ADDRESS 37 Dearborn Place #84		<input type="checkbox"/> Amendment to Report No. (explain below)	
CITY Goleta	STATE CA	ZIP CODE 93117	No. of Pages 1

CITY OF GOLETA

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
8/22/16	Richard Whited 5524 Somerset Road Goleta, CA 93117	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	7000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

****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

Reason for Amendment: _____