

# 497 Contribution Report

Amounts may be rounded to whole dollars.

CITY OF GOLETA  
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**CALIFORNIA FORM 497**

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NAME OF FILER <b>Committee to Elect Kyle Richards Goleta City Council 2016</b>		Date of This Filing <b>8/31/16</b>
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) <b>1387307</b>	Report No. <b>2</b>
STREET ADDRESS <b>37 Dearborn Place #84</b>		<input type="checkbox"/> Amendment to Report No. _____ (explain below)
CITY <b>Goleta</b>	STATE <b>CA</b>	ZIP CODE <b>93117</b>
		No. of Pages <b>1</b>

## 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
8/30/16	Democratic Women of Santa Barbara County #743656 226 E. Canon Perdido #D Santa Barbara, CA 93101	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00  <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: \_\_\_\_\_