

497 Contribution Report

Amounts may be rounded to whole dollars.

CITY OF GOLETA

Date Stamp
CITY CLERK'S OFFICE
2016 SEP 16 AM 11:01

CALIFORNIA FORM **497**

For Official Use Only

NAME OF FILER TONY VALLEJO FOR CITY COUNCIL 2016		Date of This Filing 9/16/16
AREA CODE/PHONE NUMBER (805)845-2046	I.D. NUMBER (if applicable) 1379113	Report No. 1
STREET ADDRESS 6253 Guava Ave		<input type="checkbox"/> Amendment to Report No. _____ (explain below)
CITY Goleta	STATE Ca	ZIP CODE 93117
		No. of Pages 1

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
9/15/16	Towbes Group 21 East Victoria Street, Suite 200 Santa Barbara, Ca 93101	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000 <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

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