

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER stuart kasdin		Date of This Filing 10-7-2016	Date Stamp CITY OF GOLETA CITY CLERK'S OFFI 2016 OCT 11 PM 4:34	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 805-717-6486	I.D. NUMBER (if applicable) 1387560	Report No. 1		
STREET ADDRESS 7636 Hollister Ave., unit 258		<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
Oct 7, 2016	Richard Whited 5524 Somerset Dr. Goleta, CA 93111	<input checked="" type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$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

****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: _____