

497 Contribution Report

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Amounts may be rounded to whole dollars.

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497 CONTRIBUTION REPORT

NAME OF FILER James Kyriaco For Goleta City Council		Date of This Filing 08/09/2018	Date Stamp	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1401816	Report No. 22		
STREET ADDRESS 226 East Canon Perdido Street #D		<input type="checkbox"/> Amendment to Report No. 0 (explain below)		
CITY Santa Barbara, CA 93101	STATE	ZIP CODE	No. of Pages 2	

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
2018-08-08	IBEW PAC Educational Fund 900 7th Street Northwest Washington, DC 20001 ID: C00027342	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,500.00 <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

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