

497 Contribution Report

Amounts may be rounded to whole dollars.

CITY OF GOLETA
CITY CLERK'S OFFICE
2018 SEP 10 PM

NAME OF FILER MICHAEL BENNETT FOR MAYOR 2018		Date of This Filing 9/10/18	Date Stamp 2018 SEP 10 PM	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (805) 964-8156	I.D. NUMBER (if applicable) 1402353	Report No. 1		
STREET ADDRESS 5662 CALLE REAL #407		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	No. of Pages 1	
CITY GOLETA	STATE CA			

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
08/31/2018	JOHN PRICE PO BOX 61106 SANTA BARBARA, CA 93160	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SELF-EMPLOYED	3000 <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