497 Contribution F	Report	Тур Amounts may t	e or print in se rounded	ink. to whole dollars.	CITYO	F GOLETA RK'S OFFICE	497 CON1	TRIBUTION REPORT
NAME OF FILER  James Kyriaco For Goleta City Council  AREA CODE/PHONE NUMBER  I.D. NUMBER (if applicable)  1401816		Date of This Filing 09/25/2018  Report No. 152  Amendment to Report No. (explain below) No. of Pages 2			Date Stamp	CALIFORNIA 497 FORM For Official Use Only		
STREET ADDRESS  226 East Canon Perdido Street #D  CITY STATE ZIP CODE  Santa Barbara, CA 93101								
1. Contribution(s)	Received							
DATE RECEIVED	FULL NAME, STREET ADDRE (IF COMMITTEE, A	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CONTRIBUTOR IF AN INDIVIDUA CODE * (IF SELF-EM		DUAL, ENTER OCCUPATION AND EMPLOYER EMPLOYED, ENTER NAME OF BUSINESS)		AMOUNT RECEIVED
				□IND □COM □OTH □PTY □SCC				Check if Loan  % Provide Interest Rate
Reason for Amendment:						OTH - Other (e.g PTY - Political Pa	: Committee (other j., business entity)	

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## 2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
09/25/2018	Paula Perotte For Goleta Mayor 226 East Canon Perdido Street #D Santa Barbara, CA 93101 1405576		1,000.00	-2018-06-05 illie/18

Reason for Amendment:		