

# 497 Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

CITY OF GOLETA  
CITY CLERK'S OFFICE

497 CONTRIBUTION REPORT

NAME OF FILER Michael Bennett for Mayor 2018			Date of This Filing 10/02/2018	Date Stamp OCT -2 PM 3:47	<b>CALIFORNIA FORM 497</b> For Official Use Only
AREA CODE/PHONE NUMBER (805) 563-1049	I.D. NUMBER (if applicable) 1402353		Report No. 5		
STREET ADDRESS 5662 Calle Real # 407			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Goleta	STATE CA	ZIP CODE 93117-2317	No. of Pages 1	1 of 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
10/02/2018	Santa Barbara County Firefighters Govt PAC PO Box 517 Goleta CA 93116 ID :760812	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		5000.00  <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

