

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

<b>NAME OF FILER</b> James Kyriaco For Goleta City Council 2018		<b>Date of This Filing</b> 11/06/2018	Date Stamp 2018 NOV -6 PM 4	<b>CALIFORNIA FORM 497</b> For Official Use Only
<b>AREA CODE/PHONE NUMBER</b>	<b>I.D. NUMBER (if applicable)</b> 1401816	<b>Report No.</b> 258		
<b>STREET ADDRESS</b> 226 East Canon Perdido Street #D		<input type="checkbox"/> <b>Amendment to Report No.</b> 0 (explain below)		
<b>CITY</b> Santa Barbara, CA 93101	<b>STATE</b>	<b>ZIP CODE</b>	<b>No. of Pages</b> 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
2018-11-06	Sheet Metal Workers International Association 2610 Crow Canyon Road San Ramon, CA 94583 ID: 850381	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		2,000.00 <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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## 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)

Reason for Amendment: \_\_\_\_\_