

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Roger Aceves for Mayor 2020		Date of This Filing 09-15-2020	Date Stamp 9-15-2020 Received City of Goleta	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 805 895 8105	I.D. NUMBER (if applicable) 1425421	Report No. 7		
STREET ADDRESS 643 Ardmore Drive		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Goleta	STATE CA	ZIP CODE 93117	No. of Pages 1	

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
09-15-2020	Santa Barbara Motor Sports 285 Rutherford St Goleta, Ca 93117	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,250.00 <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

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