497 Contribution Report

Amounts may be rounded to whole dollars.

		CALIFORNIA FORM **497**

NAME OF FILER

Date of This Filing _____

Date Stamp

CALIFORNIA FORM **497**

AREA CODE/PHONE NUMBER

I.D. NUMBER *(if applicable)*

Report No. _____

For Official Use Only

STREET ADDRESS

☐ Amendment to Report No. _____
(explain below)

Received
9-16-2020 City of Goleta

CITY   STATE   ZIP CODE

No. of Pages _____

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
_____		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan _____% Provide interest rate
_____		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan _____% Provide interest rate
_____		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ 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