

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Roger Aceves for Goleta Mayor 2020		Date of This Filing 10/02/2020	Date Stamp Received 10-02-2020 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. 9		
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
10/01/2020	Charles R. Lande 2716 Ocean Park Blvd Suite 1064 Santa Monica, Ca 90405	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Partner The Chadmar Group	1,000.00 <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