

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER PAULA PEROTTE FOR GOLETA MAYOR 2020			Date of This Filing <u>10/17/2020</u>	Date Stamp Received 10-19-2020 City of Goleta	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 805-685-8535	I.D. NUMBER (if applicable) 1405576		Report No. <u>8</u>		
STREET ADDRESS 7847 RIO VISTA DRIVE			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY GOLETA	STATE CA	ZIP CODE 93117	No. of Pages <u>1</u>		

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
10/16/2020	LABORERS LOCAL 220 PAC 555 CAPITOL MALL, SUITE 400 SACRAMENTO, CA 95814 FPPC ID#1237416	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		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

****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

Reason for Amendment: _____