

497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER Kyle Richards For Goleta City Council 2020		Date of This Filing 10/23/2020	Date Stamp Received 10-26-2020 City of Goleta	<div style="background-color: black; color: white; padding: 5px; font-weight: bold; font-size: 1.2em;"> CALIFORNIA FORM 497 </div> For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1426647	Report No. 2		
STREET ADDRESS 226 East Canon Perdido Street #D		<input checked="" type="checkbox"/> Amendment to Report No. 508 (explain below)		
CITY Santa Barbara, CA 93101	STATE	ZIP CODE		
		No. of Pages 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
2020-10-19	Democratic Women Of Santa Barbara County 226 East Canon Perdido Street #D Santa Barbara, CA 93101 ID: 743656	<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

Reason for Amendment: Amended report number

* 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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STREET ADDRESS 226 East Canon Perdido Street #D		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Santa Barbara, CA 93101		No. of Pages 2		

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: _____

FORM	REFERENCE	NOTES
CA 497	Cover	