

497 Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

CITY OF GOLETA CONTRIBUTION REPORT

NAME OF FILER FRIENDS OF ROGER ACEVEDO		Date of This Filing 10-21-10	Date of Report 2010 OCT 21	CITY CLERK CAS/BRINSA	497
AREA CODE/PHONE NUMBER 805 682-3710	I.D. NUMBER (if applicable) 1285989	Report No. 1	PM 2:06	FORM 497 For Official Use Only	
STREET ADDRESS 1711 DE LA VINA ST #E		<input type="checkbox"/> Amendment to Report No. _____ (explain below)			
CITY SANTA BARBARA	STATE CA	ZIP CODE 93101	No. of Pages 1		

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
10-21-10	GOLETA HOLLISTER LLC 2925 BRISTOL ST COSTA MESA, CA	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,500 <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