497 Contribution Report

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

497 CONTRIBUTION REPORT

NAME OF FILER				Date of	/ /	CITY BP	Stampera	CALIFO	RNIA 407
Stapelmann for Goleta Council 2010				This Filing	0/22/00		SOLLIA		
AREA CODE/PHONE NUMBER I.D. NUMBER (if applicable)				2	CLLIN	13 011106	For C	Official Use Only	
805-705-4353 1330382			Report No	2010	OCT 22	AM 11 34			
STREET ADDRESS				Amendmer			11.01		
6293 Muirfield Dr	to Report No.								
CITY STATE ZIP CODE Goleta CA 93117			(explain below)	1					
Goleta		No. of Pages							
1. Contributio	n(s) Received								
DATE RECEIVED	FULL NAMI	RIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)			AMOUNT RECEIVED		
10/21/10	Goleta H 2925 Bris Costa Mes	follister, L. stol St. a, CA	2626		☐ IND COM OTH PTY SCC				Check if Loan Provide interest rate
					☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				☐ Check if Loan ———————————————————————————————————
					☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				☐ Check if Loan ———————————————————————————————————
Reason for Amend	dment:					INI CC OT PT	ontributor Codes D – Individual M – Recipient Cor H – Other (e.g., b Y – Political Party C – Small Contribu	usiness ent	