

497 Contribution Report

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

497 CONTRIBUTION REPORT

NAME OF FILER RE-ELECT COUNCIL MEMBER MICHAEL T. BENNETT 2010			Date of This Filing <u>10/29/2010</u>	Date Stamp
AREA CODE/PHONE NUMBER 805-563-1049	I.D. NUMBER (if applicable) 1288474		Report No. <u>002</u>	CALIFORNIA FORM 497 For Official Use Only
STREET ADDRESS 5662 Calle Real 407			<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 (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
10/28/2010	Goleta PAC 271 North Fairview Suite 104 Goleta CA 93117 ID :1305904	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2000.00 <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: _____

