

# 497 Contribution Report

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

497 CONTRIBUTION REPORT

**NAME OF FILER**

Jim Farr for Goleta City Council 2012

**AREA CODE/PHONE NUMBER**

805-689-9094

**I.D. NUMBER (if applicable)**

1348176

**STREET ADDRESS**

6269 Shamrock Avenue

**CITY**

STATE ZIP CODE  
CA 93117

CA

93117

Date of This Filing 11/15/2012 CITY OF GOLETA Date Stamp  
CITY CLERK'S OFFICE

Report No. 2012 NBV 1 RM 11 30

Amendment to Report No. \_\_\_\_\_ (explain below)

No. of Pages \_\_\_\_\_

CALIFORNIA FORM 497

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## 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
10/31/2012	Jim Farr 6269 Shamrock Ave. Goleta, CA 93117	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	retired	2,000.00 <input checked="" type="checkbox"/> Check if Loan 0 % 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