497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Michael S. Goldman	Date of This Filing _8/30/2016_
AREA CODE/PHONE NUMBER 408-507-3128	**I.D. NUMBER** *(if applicable)*
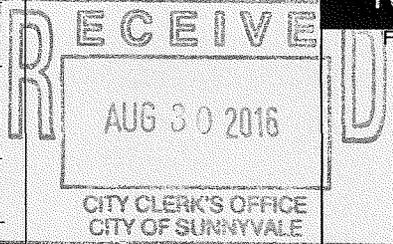
CALIFORNIA FORM 497

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Report No. _1_

☐ Amendment to Report No. _____ (explain below)

No. of Pages _1_

STREET ADDRESS

CITY	STATE	ZIP CODE
Sunnyvale	CA	94087

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
8/24/2016	Michael S. Goldman Sunnyvale, CA 94087	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired Engineer and math teacher	$4,000.00 ☒ Check if Loan 0 _____% Provide interest rate
8/24/2016	Michael S. Goldman Sunnyvale, CA 94087	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired Engineer and Math Teacher	$1,664 ☒ Check if Loan _____% Provide interest rate
8/26/2016	Michael S. Goldman Sunnyvale, CA 94087	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired Engineer and Math Teacher	$50 ☒ 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: _____

FPPC Form 497 (Jul/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov