

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Osborne for Mayor 2020	DATE OF FILING 8/31/2020	Date Stamp AUG 31 2020
AREA CODE/PHONE NUMBER 805-452-7574	I.D. NUMBER (if applicable) 1409061	For Official Use Only CALIFORNIA FORM 497
STREET ADDRESS 1116 W Barton Ave		
CITY Lompoc	STATE CA	ZIP CODE 93436
<input type="checkbox"/> Amendment to Report No. _____ (explain below)		No. of Pages 1

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
8/29/2020	Helen and John Free 408 Nogal Lompoc CA 93436	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	1000.00 <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 _____%

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