

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Osborne for Mayor 2020		DATE OF FILING 9/25/2020	
AREA CODE/PHONE NUMBER 805-452-7574		ID. NUMBER (if applicable) 1409061	
STREET ADDRESS 1116 W Barton Ave		REPORT NO. 2	
CITY Lompoc		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	
STATE CA		NO. OF PAGES 1	
ZIP CODE 93436		DATE STAMP SEP 24 2020	
1. Contribution(s) Received		FOR OFFICIAL USE ONLY	

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
9/24/2020	IBEW Local Union 1245 30 Orange Tree circle Vacaville, CA 95687	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		3000.00 <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