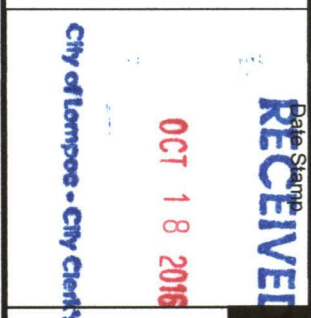


# 497 Contribution Report

Amounts may be rounded to whole dollars.

<b>NAME OF FILER</b> Jenelle Osborne		<b>Date of This Filing</b> 10/18//2016	
<b>AREA CODE/PHONE NUMBER</b> 805-452-7574		<b>Report No.</b> 3	
<b>STREET ADDRESS</b> 1305 North H st, A145		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	
<b>CITY</b> Lompoc	<b>STATE</b> CA	<b>ZIP CODE</b> 93436	<b>No. of Pages</b> 1



**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
10/17/2016	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		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 _____%

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

Personnel File # 1000000000

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