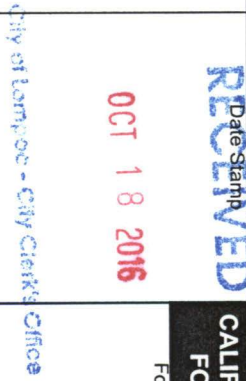


497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER JAMES MOSBY FOR COUNCIL 2016		Date of This Filing 10/18/16		CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 805-801-2362	I.D. NUMBER (if applicable) 1389585	Report No. 1		
STREET ADDRESS 33 CAMBRIDGE DR LOMPOC, CA 93436		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY LOMPOC, CA	STATE CA	ZIP CODE 93436	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
10/17/16	JAMES I MOSBY 33 CAMBRIDGE DR LOMPOC, CA 93436	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SELF EMPLOYED MOSBY ENTERPRISES	4000.00 <input checked="" type="checkbox"/> Check if Loan 0 Provide interest rate _____%
10/17/16	ALLAN F CLARK PAMELA CLARK 921 BELLFLOWER 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	250.00 <input type="checkbox"/> Check if Loan Provide interest rate _____%
10/17/16	ANDREW SALAZAR 825 CLEMENS WAY 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	100.00 <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