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City of Lompoc - City Clerk's Office

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER <i>Bob Lingl</i>		Date of This Filing <i>8/17/16</i>	Date Stamp	CALIFORNIA FORM <b>497</b> For Official Use Only
AREA CODE/PHONE NUMBER <i>805 315 1131</i>	I.D. NUMBER (if applicable) <i>1369256</i>	Report No. <i>1</i>		
STREET ADDRESS <i>316 S. 6th St</i>		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY <i>Lompoc</i>	STATE <i>CA</i>	ZIP CODE <i>93436</i>	No. of Pages <i>1</i>	

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
<i>7/6/16</i>	<i>Bob Lingl for Mayor 2016</i>	<i>Mayor City of Lompoc</i>	<i>\$2500 LOAN</i>	<i>11/8/16</i>

Reason for Amendment: \_\_\_\_\_