

# 497 Contribution Report

Amounts may be rounded to whole dollars.

<b>NAME OF FILER</b> Jenelle Osborne		<b>DATE OF FILING</b> 9/7/2016	
<b>AREA CODE/PHONE NUMBER</b> 805-452-7574		<b>I.D. NUMBER (if applicable)</b> 1389176	
<b>STREET ADDRESS</b> 1305 North H st, A145		<b>REPORT NO.</b> _____	
<b>CITY</b> Lompoc		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	
<b>STATE</b> CA		<b>No. of Pages</b> 1	
<b>ZIP CODE</b> 93436		City of Lompoc - City Clerk's Office	

Date Stamp  
**RECEIVED**  
 SEP - 7 2016

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
9/6/2016	Stephen and Cathy Pepe 4777 E Hwy 246 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 Clos Pepe Vineyards LLC	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