

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Jenelle Osborne		DATE OF FILING 9/7/2016		Date Stamp RECEIVED SEP - 9 2016 City Clerk's Office	CALIFORNIA FORM 497
AREA CODE/PHONE NUMBER 805-452-7574		I.D. NUMBER (if applicable) 1389176			
STREET ADDRESS 1305 North H st, A145		Report No. _____ <input type="checkbox"/> Amendment to Report No. _____ (explain below)		For Official Use Only	
CITY Lompoc	STATE CA	ZIP CODE 93436	No. of Pages 1	City of Lompoc - City Clerk's Office	

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
9/9/2016	Davis and Karen Hughes 1801 North H St. Ste G 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 SkyDive Santa Barbara	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