

# 497 Contribution Report

Amounts may be rounded to whole dollars.

<b>NAME OF FILER</b> Michael Jay Sewall		<b>I.D. NUMBER (if applicable)</b> _____		<b>Date of This Filing</b> 9/15/2016	
<b>AREA CODE/PHONE NUMBER</b> 805/588-5391		<b>STREET ADDRESS</b> PO Box 246 Lompoc		<b>Report No.</b> _____	
<b>STATE</b> CA		<b>ZIP CODE</b> 93438		<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)	
<b>CITY</b> Lompoc		<b>No. of Pages</b> 1		<b>RECEIVED</b> Date Stamp SEP 15 2016 For Official Use Only City of Lompoc - City Clerk's Office	

## 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
9/1/2016	John H. Linn PO Box 2525 Lompoc, CA 93438	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	John H. Linn Self Employed Double L Services, Inc.	2000.00 <input checked="" type="checkbox"/> Check if Loan 0 % 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