

497 Contribution Report

Amounts may be rounded to whole dollars.

| | | | | |
|--|---|---|---|---|
| NAME OF FILER Bob Lingl for Mayor 2016 | | Date of This Filing 9/29/16 | <div style="border: 2px solid blue; padding: 5px; color: blue; font-weight: bold; font-size: 1.2em;">RECEIVED</div> <div style="color: red; font-weight: bold; font-size: 1.2em;">SEP 29 2016</div> | CALIFORNIA FORM 497 For Official Use Only |
| AREA CODE/PHONE NUMBER 805 315 1131 | I.D. NUMBER (if applicable) 1369256 | Report No. _____ | | |
| STREET ADDRESS 316 S. 6th St | | <input type="checkbox"/> Amendment to Report No. _____ <small>(explain below)</small> | | |
| 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 <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 |
|---------------|--|---|--|--|
| 9/29/16 | IBEW Local Union 1245 P.O. Box 2547 Vacaville, CA 95696 ID # 742993 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Political Donations Account | \$5,000 <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 |
| | | <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 |

****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

Reason for Amendment: _____
