

497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED

NAME OF FILER

JAMES MOSBY

AREA CODE/PHONE NUMBER

805-801-2362

I.D. NUMBER (if applicable)

1389585

STREET ADDRESS

33 CAMBRIDGE DR

CITY

LOMPOC, CA 93436

STATE

CA

ZIP CODE

93436

Date Stamp

SEP 29 2016

CALIFORNIA
FORM 497

For Official Use Only

Date of This Filing 09/28/16
Report No. 1
 Amendment to Report No. _____
(explain below)
No. of Pages 2

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
08/16/16	AUDREY MOSBY PO BOX 1227 LOMPOC, CA 93438	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	HOMEMAKER	1971.78 <input checked="" type="checkbox"/> Check if Loan 0 Provide interest rate _____%
08/10/16	JAMES I MOSBY 33 CAMBRIDGE DR LOMPOC, CA 93438	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SELF EMPLOYED MOSBY ENTERPRISES	875.00 <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

Clear Page

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NAME OF FILER JAMES MOSBY		Date Stamp Date of This Filing <u>09/28/16</u>		CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 805-801-2362	I.D. NUMBER (if applicable) 1389585	Report No. <u>1</u>	Amendment to Report No. _____ (explain below)	
STREET ADDRESS 33 CAMBRIDGE DR		STATE CA	ZIP CODE 93436	No. of Pages <u>2</u>
CITY LOMPOC, CA 93436				

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
09/08/16	JAMES I MOSBY 33 CAMBRIDGE DR 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 MOSBY ENTERPRISES	500.00 <input type="checkbox"/> Check if Loan Provide interest rate _____%
08/31/16	JAMES H MOSBY DMD VIRGINIA E MOSBY PO BOX 786 MAXWELL, CA 95955	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	500.00 <input type="checkbox"/> Check if Loan Provide interest rate _____%

Reason for Amendment: _____

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