

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER JIM MOSBY FOR CITY COUNCIL 2020		Date of This Filing 10-15-20	Date Stamp OCT 15 2016	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 805 801 2362	I.D. NUMBER (if applicable) 1429370	Report No. 1		
STREET ADDRESS 33 CAMBRIDGE DRIVE		<input type="checkbox"/> Amendment to Report No. _____ (explain below) No. of Pages _____	City of Lompoc - City Clerk's Office	
CITY Lompoc	STATE ZIP CODE CA 93436			

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
10/06/20	JIM 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	BIOLOGIST	652.50 <input type="checkbox"/> Check if Loan _____% Provide interest rate
10/13/20	JIM 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	BIOLOGIST	1,559.97 <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