

# 497 Contribution Report

Amounts may be rounded to whole dollars.

|                                                                   |                                               |                                                                           |                                                     |                                                     |
|-------------------------------------------------------------------|-----------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------|-----------------------------------------------------|
| <b>NAME OF FILER</b><br>Cordova For City Council District 1, 2020 |                                               | <b>DATE OF THIS FILING</b><br>10/22/2020                                  | <b>DATE STAMP</b><br><b>RECEIVED</b><br>OCT 30 2020 | <b>CALIFORNIA FORM 497</b><br>For Official Use Only |
| <b>AREA CODE/PHONE NUMBER</b><br>805-588-3341                     | <b>I.D. NUMBER (if applicable)</b><br>1430146 | <b>REPORT NO.</b><br>                                                     |                                                     |                                                     |
| <b>STREET ADDRESS</b><br>2327 Maravilla                           |                                               | <input type="checkbox"/> Amendment to Report No. _____<br>(explain below) |                                                     |                                                     |
| <b>CITY</b><br>Lompoc                                             | <b>STATE</b><br>CA                            | <b>ZIP CODE</b><br>93436                                                  | City of Lompoc - City Clerk's Office                |                                                     |

## 1. Contribution(s) Received

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br><small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small> | CONTRIBUTOR CODE*                                                                                                                                                       | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br><small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small> | AMOUNT RECEIVED                                                                        |
|---------------|----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| 10/22/2020    | Gilda Cordova<br>2327 Maravilla, Lompoc, CA 93436                                                              | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Legend Hospitality Inc.                                                                                      | 1,321.80<br><input type="checkbox"/> Check if Loan<br>_____<br>Provide interest rate % |
|               |                                                                                                                | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |                                                                                                              | <input type="checkbox"/> Check if Loan<br>_____<br>Provide interest rate %             |
|               |                                                                                                                | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |                                                                                                              | <input type="checkbox"/> Check if Loan<br>_____<br>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: \_\_\_\_\_

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|------------------------------------------------------------|---------------------------------------------------------------------------|
| <b>CALIFORNIA FORM 497</b><br>For Official Use Only        |                                                                           |
| NAME OF FILER<br>Cordova For City Council District 1, 2020 | Date of This Filing <u>10/22/2020</u><br>Date Stamp                       |
| AREA CODE/PHONE NUMBER<br>805-588-3341                     | Report No. <u>1</u>                                                       |
| I.D. NUMBER (if applicable)<br>1430146                     | <input type="checkbox"/> Amendment to Report No. _____<br>(explain below) |
| STREET ADDRESS<br>2327 Maravilla                           | No. of Pages <u>2</u>                                                     |
| CITY<br>Lompoc                                             |                                                                           |
| STATE<br>CA                                                |                                                                           |
| ZIP CODE<br>93436                                          |                                                                           |

## 2. Contribution(s) Made

| DATE MADE | FULL NAME, STREET ADDRESS AND ZIP CODE OR RECIPIENT<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION | AMOUNT OF CONTRIBUTION | DATE OF ELECTION<br>(IF APPLICABLE) |
|-----------|-----------------------------------------------------------------------------------------------|--------------------------------------------------|------------------------|-------------------------------------|
|           |                                                                                               |                                                  |                        |                                     |
|           |                                                                                               |                                                  |                        |                                     |
|           |                                                                                               |                                                  |                        |                                     |
|           |                                                                                               |                                                  |                        |                                     |