

497 Contribution Report

Amounts may be rounded to whole dollars.

CALIFORNIA FORM 497	
For Official Use Only	
NAME OF FILER James Mosby	Date of This Filing: 10-5-22
AREA CODE/PHONE NUMBER 805-801-2362	Report No.: 2
I.D. NUMBER (if applicable) 1454061	<input type="checkbox"/> Amendment to Report No. _____ (explain below)
STREET ADDRESS 33 Cambridge Dr.	No. of Pages: 1
CITY Lompoc	STATE: CA ZIP CODE: 93436

RECEIVED
OCT - 5 2022

City Clerk's Office
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
10-4-22	James 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	mosbyenterprises	10,000.00 <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
		<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: _____