

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Osborne for Mayor 2022		Date Stamp RECEIVED SEP 14 2022 City of Lompoc - City Clerk's Office	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 805-452-7574	I.D. NUMBER (if applicable) 1409061	Date of This Filing 9/14/2022	
STREET ADDRESS 1305 North H Street #A145		Report No. 1	
CITY Lompoc		<input type="checkbox"/> Amendment to Report No. (explain below)	
STATE CA		No. of Pages 1	
ZIP CODE 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
9/14/2022	Helen and John Free 408 Nogal Lompoc CA 93436	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	1000.00 <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: _____

SCC - State Contributor Committee
 PLY - Political Party
 OTH - Other (e.g. private club, etc.)
 COM - Resident Committee (other than PLY, OTH, etc.)
 IND - Individual Contributor Code

RECEIVED DATE	CONTRIBUTOR NAME, ADDRESS AND ZIP CODE OF CONTRIBUTOR	CONTRIBUTOR CODE	NO. OF PAGES (excluding report)	NO. OF PAGES to Report No. Amendment	REPORT NO.	TYPE	DATE	RECEIVED AMOUNT
8/30/2020	Tommaso CY 23432 408 N. 10th St Helsinki and John Eric	<input type="checkbox"/> SCC <input type="checkbox"/> PLY <input type="checkbox"/> OTH <input type="checkbox"/> COM <input checked="" type="checkbox"/> IND			1			1000.00
		<input type="checkbox"/> SCC <input type="checkbox"/> PLY <input type="checkbox"/> OTH <input type="checkbox"/> COM <input type="checkbox"/> IND						
		<input type="checkbox"/> SCC <input type="checkbox"/> PLY <input type="checkbox"/> OTH <input type="checkbox"/> COM <input type="checkbox"/> IND						

4. Contribution(s) Received

Tommaso
 CITY STATE ZIP CODE
 1301 N. 10th St
 94101
 415-423-3333
 802-423-3333
 415-423-3333
 802-423-3333
 415-423-3333

No. of Pages (excluding report) _____
 No. of Pages to Report No. Amendment _____
 Report No. 1
 Type _____
 Date 8/30/2020

RECEIVED AMOUNT
 1000.00

RECEIVED AMOUNT
 1000.00

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 1000.00