

497 Contribution Report

Amounts may be rounded to whole dollars.

<p>NAME OF FILER Osborne for Mayor 2022</p> <p>AREA CODE/PHONE NUMBER 805-452-7574</p> <p>STREET ADDRESS 1305 North H Street #A145 Lompoc</p> <p>I.D. NUMBER (if applicable) 1409061</p> <p>STATE CA ZIP CODE 93436</p>	<p>Date Stamp RECEIVED OCT 21 2022</p> <p>Date of This Filing 10/21/2022</p> <p>Report No. 3</p> <p><input type="checkbox"/> Amendment to Report No. _____ (explain below)</p> <p>No. of Pages 1</p>	<p>CALIFORNIA FORM 497</p> <p>For Official Use Only</p>
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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
10/20/2022	Sam Cohen 100 Via Juana Road Santa Ynez, CA, 93460	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney	3000.00 <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: _____