

# 497 Contribution Report

Amounts may be rounded to whole dollars.

<b>NAME OF FILER</b> MOSBY FOR MAYOR 2018 AREA CODE/PHONE NUMBER 805/801-2362		Date of This Filing 10/19/2018 Report No. 5	RECEIVED Date Stamp CITY OF LOMPOC CITY CLERK'S OFFICE 2018 OCT 19 A 10:17	CALIFORNIA FORM 497 For Official Use Only
I.D. NUMBER (if applicable) 1410507		Amendment to Report No. (explain below) No. of Pages 1		
STREET ADDRESS 33 CAMBRIDGE DRIVE CITY LOMPOC STATE CA ZIP CODE 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
10/18/2018	PATRICK PFLIPSEN 1114 STATE STREET #295 SANTA BARBARA, CA 93101	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SELF-EMPLOYED FINANCE	3000 <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: \_\_\_\_\_