

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER MOSBY FOR MAYOR 2018		DATE OF THIS FILING 10/12/2018		RECEIVED Notarized CITY OF LOMPOC CITY CLERK'S OFFICE 2018 OCT 12 A 11:28	CALIFORNIA FORM 497
AREA CODE/PHONE NUMBER 805/801-2362	I.D. NUMBER (if applicable) 1410507	REPORT NO. 3	AMENDMENT TO REPORT NO. (explain below) No. of Pages 1		
STREET ADDRESS 33 CAMBRIDGE DRIVE LOMPOC		STATE CA	ZIP CODE 93436	For Official Use Only	

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
10/12/2018	JOE MELOCHE C/O ARSONHOUSE ENTERTAINMENT INC 11150 W OLYMPIC BLVD ST 1140 LOS ANGELES, CA 90064	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CORPORATE EXECUTIVE ARSONHOUSE ENT INC	1,000 <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 _____%

Reason for Amendment: _____

****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

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NAME OF FILER MOSBY FOR MAYOR 2018		DATE OF THIS FILING 10/12/2018		RECEIVED CITY OF LOMPOC CITY CLERK'S OFFICE 2010 OCT 12 P 1:38 CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 805/801-2362		I.D. NUMBER (if applicable) 1410507		
STREET ADDRESS 33 CAMBRIDGE DRIVE LOMPOC		REPORT NO. 4		
CITY STATE ZIP CODE LOMPOC CA 93436		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
		No. of Pages 1		

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
10/12/2018	THERON J. SMITH 712 ST ANDREWS WAY LOMPOC, CA 93436	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ENTREPRENEUR DRIVE-IN RECYCLING	2,000 <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 _____%

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