

# 497 Contribution Report

Amounts may be rounded to whole dollars.

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CITY OF LOMPOC  
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Date of This Filing 10/04/2018  
Report No. 2  
 Amendment to Report No. \_\_\_\_\_ (explain below)  
No. of Pages 1

NAME OF FILER  
**MOSBY FOR MAYOR 2018**

AREA CODE/PHONE NUMBER  
**805/801-2362**

I.D. NUMBER (if applicable)  
**1410507**

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
10/04/2018	VIRGINIA E. MOSBY PO BOX 786 MAXWELL, CA 95955	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	2,500 <input type="checkbox"/> Check if Loan _____ Provide interest rate _____%
10/04/2018	DOUG ENLOE PO BOX 1698 NIPOMO, CA 93444	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	WELL DRILLER ENLOE WELL DRILLING	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 _____%

\*\*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: \_\_\_\_\_