

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER MOSBY FOR MAYOR 2018		Date of This Filing 10/02/2018		RECEIVED CITY OF LOMPOC CITY CLERK'S OFFICE 2018 OCT -2 A 11:56	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 805/801-2362	I.D. NUMBER (if applicable) 1410507	Report No. _____ 1	Amendment to Report No. _____		
STREET ADDRESS 33 CAMBRIDGE DRIVE		No. of Pages _____ 1			
CITY LOMPOC	STATE CA	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
10/02/2018	KATHERINE SCHMERZLER 215 SOUTH H STREET 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	1,000
		<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

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