

497 Contribution Report

Amounts may be rounded to whole dollars.

CALIFORNIA FORM 497 For Official Use Only	
NAME OF FILER Jenelle Osborne, Osborne for Mayor 2018 AREA CODE/PHONE NUMBER 805-452-7574 STREET ADDRESS 1305 North H St, A145 CITY Lompoc	Date Stamp <div style="border: 1px solid black; padding: 5px; text-align: center; color: blue; font-weight: bold; font-size: 1.2em;">RECEIVED</div> <div style="text-align: center; color: red; font-weight: bold; font-size: 1.2em;">SEP 25 2018</div> City of Lompoc - City Clerk's Office
I.D. NUMBER (if applicable) 1409061	Date of This Filing 09/25/2018
STATE CA	Report No. <u>1</u> <input type="checkbox"/> Amendment to Report No. _____ (explain below) No. of Pages <u>2</u>
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
9/24/2018	IBEW Local Union 1245 30 Orange Tree circle Vacaville, CA 95687	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		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: _____

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Jenelle Osborne, Osborne for Mayor 2018		09/25/2018	
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable)	Report No.	
805-452-7574	1409061	1	
STREET ADDRESS			
1305 North H St, A145		<input type="checkbox"/> Amendment to Report No. (explain below)	
CITY	STATE	No. of Pages	
Lompoc	CA	2	
ZIP CODE		93436	

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2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)

Reason for Amendment: _____

FPPC Form 497 (Jul/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov