

# 497 Contribution Report

Amounts may be rounded to whole dollars.

<b>NAME OF FILER</b> Shirley Sherman		<b>DATE OF THIS FILING</b> 8/13/18		<b>RECEIVED</b> Date Stamp AUG 13 2018 City of Lompoc - City Clerk's Office	<b>CALIFORNIA FORM 497</b> For Official Use Only
<b>AREA CODE/PHONE NUMBER</b> 805-391-3368		<b>REPORT NO.</b> 1			
<b>STREET ADDRESS</b> 804 North L Street		<b>AMENDMENT TO REPORT NO.</b> (explain below)			
<b>CITY</b> Lompoc CA	<b>STATE</b> CA	<b>ZIP CODE</b> 93436		<b>No. of Pages</b>	

## 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
8/13/18	Bob King 316 South Sixth St Lompoc CA 93436	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Mayor Lompoc	\$5200 <input type="checkbox"/> Check if Loan Provide interest rate _____%
8/13/18	DUSTIN RAYBE 335 BROOKSIDE 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	100.00 <input type="checkbox"/> Check if Loan Provide interest rate _____%
8/13/18	JAN MUNDT 1630 NORTH CURELY 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	458.00 <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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<b>NAME OF FILER</b> <i>Shirley Sherman</i>		<b>DATE OF FILING</b> <i>8/13/18</i>	
<b>AREA CODE/PHONE NUMBER</b> <i>805.991-3363</i>	<b>I.D. NUMBER (if applicable)</b>	<b>REPORT NO.</b>	<b>AMENDMENT TO REPORT NO.</b>
<b>STREET ADDRESS</b> <i>804 North L St</i>		<b>NO. OF PAGES</b>	
<b>CITY</b> <i>Long Beach</i>	<b>STATE</b> <i>CA</i>	<b>ZIP CODE</b> <i>93436</i>	

**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
<i>8/8/18</i>	<i>ALFRED DAN TRANK 1133 TRASK DRIVE LONG BEACH 93436</i>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<i>Real Estate</i>	\$200.00 <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 _____%

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