

497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED 497 CONTRIBUTION REPORT

NAME OF FILER
Mike Cordero for Council 2016

AREA CODE/PHONE NUMBER (805) 922-4891

I.D. NUMBER (if applicable) 1390966

STREET ADDRESS
2151 S College Dr Ste 101

CITY Santa Maria **STATE** CA **ZIP CODE** 93455

Date of This Filing 10/05/2016

Report No. C2016-1

Amendment to Report No. _____
(explain below)

No. of Pages 1

Date Stamp
2016 OCT 5 PM

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CITY OF SANTA MARIA

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
10/05/2016	SEIU Local 620 Santa Maria, CA 93454	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		10,000.00
			<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

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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