

**Recipient Committee  
Campaign Statement  
Cover Page**

Date Stamp	<b>CALIFORNIA FORM 460</b>
	Page <u>1</u> of <u>2</u>
	For Official Use Only
5 OCT 2020 AM 10:57 CITY CLERK'S OFFICE	

Statement covers period from <u>01/01/2020</u> through <u>06/30/2020</u>	Date of election if applicable: (Month, Day, Year) <u>11/03/2020</u>
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SEE INSTRUCTIONS ON REVERSE

**1. Type of Recipient Committee:** All Committees – Complete Parts 1, 2, 3, and 4.

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee | <input type="checkbox"/> Primarily Formed Ballot Measure Committee         |
| <input type="checkbox"/> State Candidate Election Committee                      | <input type="checkbox"/> Controlled  |
| <input type="checkbox"/> Recall  | <input type="checkbox"/> Sponsored   |
| <small>(Also Complete Part 5)</small>  | <small>(Also Complete Part 6)</small>                                      |
| <input type="checkbox"/> General Purpose Committee                               | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee |
| <input type="checkbox"/> Sponsored   | <small>(Also Complete Part 7)</small>                                      |
| <input type="checkbox"/> Small Contributor Committee                             |  |
| <input type="checkbox"/> Political Party/Central Committee                       |  |

**2. Type of Statement:**

- |   |  |
|---|--|
| <input type="checkbox"/> Preelection Statement                | <input type="checkbox"/> Quarterly Statement     |
| <input type="checkbox"/> Semi-annual Statement                | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement                |  |
| <small>(Also file a Form 410 Termination)</small>             |  |
| <input checked="" type="checkbox"/> Amendment (Explain below) |  |

Update campaign contributions dates: La Casa del Celular and Plumbers & Steamfitters Local Union 114

**3. Committee Information**

I.D. NUMBER  
1424210

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Carlos Escobedo for Santa Maria City Council District 1 2020

STREET ADDRESS (NO P.O. BOX)

124 W. Main Street, Suite D

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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<u>Santa Maria</u>	<u>CA</u>	<u>93458</u>	<u>805-619-0566</u>
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MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

124 W. Main Street, Suite D

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX / E-MAIL ADDRESS

**Treasurer(s)**

NAME OF TREASURER

Oscar Alejandro Escobedo

MAILING ADDRESS

124 W. Main Street, Suite D

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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<u>Santa Maria</u>	<u>CA</u>	<u>93458</u>	<u>805-619-0566</u>
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NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX / E-MAIL ADDRESS

**4. Verification**

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 09/30/2020  
Date

By \_\_\_\_\_ Signature of Treasurer

Executed on 09/30/2020  
Date

By \_\_\_\_\_ Signature of Controlling Officeholder, Candidate, or Responsible Officer of Sponsor

Executed on \_\_\_\_\_  
Date

By \_\_\_\_\_ Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on \_\_\_\_\_  
Date

By \_\_\_\_\_ Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

Amounts may be rounded  
 to whole dollars.

Statement covers period from <u>07/01/2020</u> through <u>09/19/2020</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>7</u> of <u>18</u>
I.D. NUMBER 1424210	

NAME OF FILER  
 Carlos Escobedo for Santa Maria City Council District 1 2020

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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
08/20/2020	Bonita Packing Co. 1850 W. Stowell Rd. Santa Maria, CA 93458	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,000.00	2,000.00	
08/27/2020	Michael W. Moats 525 E. Plaza Dr., Suite 200 Santa Maria, CA 93455	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Dermatologist  West Dermatology	500.00	1,000.00	
08/29/2020	La Casa del Celular 425 W, Main St. Santa Maria, CA 93458	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	
08/31/2020	Carniceria El Matador, Inc. 101 North Depot St. Suite B	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		300.00	300.00	
09/04/2020	Plumbers & Steamfitters Local Union 114 ID: 890465 555 Capitol Mall, Suite 400 Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		1,000.00	1,000.00	
<b>SUBTOTAL \$ 4,800.00</b>						

\*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