

# Recipient Committee Campaign Statement Cover Page

Date Stamp	<b>CALIFORNIA FORM 460</b>
	Page <u>1</u> of <u>17</u>
	For Official Use Only

Statement covers period  
from 10/18/2020  
through 12/31/2020

Date of election if applicable:  
(Month, Day, Year)

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

**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<br><i>(Also file a Form 410 Termination)</i> |  |
| <input checked="" type="checkbox"/> Amendment (Explain below)                               |  |

Missing I.D. numbers

**16 JUN 2021 AM 8:33  
CITY CLERK'S OFFICE**

**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
<u>Santa Maria</u>	<u>CA</u>	<u>93458</u>	<u>805-619-0566</u>

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

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

carlosforsmcitycouncil@gmail.com

**Treasurer(s)**

NAME OF TREASURER

Oscar Escobedo

MAILING ADDRESS

124 W. Main Street, Suite D

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Santa Maria</u>	<u>CA</u>	<u>93458</u>	<u>805-619-0566</u>

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

Executed on 06/03/2021  
Date

By  Treasurer

Executed on 06/03/2021  
Date

By \_\_\_\_\_  
President 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.

SCHEDULE A (CONT.)

Statement covers period from <u>10/18/2020</u> through <u>12/31/2020</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>6</u> of <u>17</u>

NAME OF FILER Carlos Escobedo for Santa Maria City Council District 1 2020	I.D. NUMBER 1424210
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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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/29/2020	Equity Reach Inc. DBA Novel Home Loans 722 E. Main Street, Suite 105 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		250.00	250.00	
10/30/2020	Lavagnino for Supervisor 2014 2151 S. College Dr. Suite 101 Santa Maria, CA 93455 ID: 1316157	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	1,500.00	
10/31/2020	Southern California Pipe Trades District Council 16 501 Shatto Place, Suite 400 Los Angeles, CA 90020 ID: 760715	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		1,000.00	2,000.00	
11/05/2020	King Falafel, Inc. 4620 Quarter Horse Trail Santa Maria, CA 93455	<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	
11/09/2020	Bob Nelson for Supervisor 2020 1355 Halyard Drive, Suite 120 ID: 1414879 West Sacramento, CA 95691	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,500.00	2,500.00	

**SUBTOTAL \$ 5,250.00**

\*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