

Recipient Committee Campaign Statement Cover Page

Date Stamp	CALIFORNIA FORM 460
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	For Official Use Only 7 OCT 2020 AM 10:20 CITY CLERK'S OFFICE

Statement covers period from <u>07/01/2020</u> through <u>09/19/2020</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"/> State Candidate Election Committee <input type="checkbox"/> Recall <i>(Also Complete Part 5)</i>	<input type="checkbox"/> Primarily Formed Ballot Measure Committee <input type="checkbox"/> Controlled <input type="checkbox"/> Sponsored <i>(Also Complete Part 6)</i>
<input type="checkbox"/> General Purpose Committee <input type="checkbox"/> Sponsored <input type="checkbox"/> Small Contributor Committee <input type="checkbox"/> Political Party/Central Committee	<input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee <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 <i>(Also file a Form 410 Termination)</i>	
<input checked="" type="checkbox"/> Amendment <i>(Explain below)</i>	

Correction of date for period statement covered

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	I.D. NUMBER
<u>Carlos Escobedo for Santa Maria City Council District 1 2020</u>	<u>1424210</u>
STREET ADDRESS (NO P.O. BOX)	
<u>124 W. Main Street, Suite D</u>	
CITY	STATE ZIP CODE AREA CODE/PHONE
<u>Santa Maria</u>	<u>CA 93458 805-619-0566</u>
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	
<u>124 W. Main Street, Suite D</u>	
CITY	STATE ZIP CODE AREA CODE/PHONE
<u>Santa Maria</u>	<u>CA 93458 805-619-0566</u>
OPTIONAL: FAX / E-MAIL ADDRESS	

Treasurer(s)

NAME OF TREASURER			
<u>Oscar Alejandro Escobedo</u>			
MAILING ADDRESS			
<u>124 W. Main Street, Suite D</u>			
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
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

Executed on _____ Date	By _____ Signature
Executed on _____ Date	By _____ Signature
Executed on _____ Date	By _____ Signature
Executed on _____ Date	By _____ Signature

_____ Treasurer
 _____ Component or Responsible Officer of Sponsor
 _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent
 _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent