

# 497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Carlos Escobedo for Santa Maria City Council Distric 1 2020			Date of This Filing 08/27/2020	Date Stamp	<b>CALIFORNIA FORM 497</b> For Official Use Only  <b>27 AUG 2020 PM 1:45</b> <b>CITY CLERK'S OFFICE</b>
AREA CODE/PHONE NUMBER 805-619-0566	I.D. NUMBER (if applicable) 1424210		Report No. 2		
STREET ADDRESS 124 W. Main Street, suite D			<input type="checkbox"/> Amendment to Report No. 0 (explain below)		
CITY Santa Maria	STATE CA	ZIP CODE 93458	No. of Pages 1		

## 1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
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  <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

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

