

# 497 Contribution Report

Amounts may be rounded to whole dollars.

<b>NAME OF FILER</b> Carlos Escobedo for Santa Maria City Council District 1 2020		<b>Date of This Filing</b> <u>09/05/2020</u>	Date Stamp  <b>FILED</b>  <b>SEP 05 2020</b>  CITY OF SANTA BY: _____	<b>CALIFORNIA FORM 497</b>  For Official Use Only
<b>AREA CODE/PHONE NUMBER</b> 805-619-0566	<b>I.D. NUMBER (if applicable)</b> 1424210	<b>Report No.</b> <u>4</u>		
<b>STREET ADDRESS</b> 124 W. Main Street, Suite D		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
<b>CITY</b> Santa Maria	<b>STATE</b> CA	<b>ZIP CODE</b> 93458	<b>No. of Pages</b> <u>1</u>	

## 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
09/04/2020	Plumbers & Steamfitters Local Union 114 555 Capitol Mall, Suite 400 Sacramento, CA 95814 ID: 890465	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		1,000.00  <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

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