

497 Contribution Report

Amounts may be rounded to whole dollars.

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|---|--|-------------------|---|---|---|
| NAME OF FILER Carlos Escobedo for Santa Maria City Council District 1 2020 | | | Date of This Filing 08/30/2020 | Date Stamp FILED AUG 30 2020 CITY OF SANTA MARIA BY: _____ City Clerk <i>BC</i> | CALIFORNIA FORM 497 For Official Use Only |
| AREA CODE/PHONE NUMBER 805-619-0566 | I.D. NUMBER (if applicable) 1424210 | | Report No. 3 | | |
| STREET ADDRESS 124 W. Main Street, suite D | | | <input type="checkbox"/> Amendment to Report No. _____ (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 |
|---------------|--|---|--|---|
| 08/29/2020 | 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 <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

FILED

AUG 30 2020

CITY OF SANTA MARIA
CLERK