

# 497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

**NAME OF FILER**  
 Patino for Mayor 2016

**AREA CODE/PHONE NUMBER** (805) 934-5737

**I.D. NUMBER (if applicable)** 1342332

**STREET ADDRESS**  
 2524 Airpark Drive

**CITY** Santa Maria **STATE** CA **ZIP CODE** 93455

**Date of This Filing** 11/04/2016

**Report No.** P16-9

**Amendment to Report No.** \_\_\_\_\_  
 (explain below)

**No. of Pages** 1

Date Stamp



Received: 11/4/16  
 Time: 2:42 p.m.  
 City Clerk's Office

## 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
11/04/2016	Pacific Coast Produce 1284 West Main Street 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
		<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	
		<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	

\*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

Reason for Amendment: \_\_\_\_\_