

497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER Santa Maria Police Officers' Association PAC		Date of This Filing <u>10/11/2018</u>	Date Stamp	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (805) 922-4881	I.D. NUMBER (if applicable) 1292068	Report No. <u>SMPOAPOC-1</u>		
STREET ADDRESS 2151 S. College Dr., Suite 101		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Santa Maria	STATE CA	ZIP CODE 93455	No. of Pages <u>1</u>	16 OCT 2018 PM 4:14 CITY CLERK'S OFFICE

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
10/11/2018	Yes on U 2018 P.O. Box 6509 Santa Maria, CA 93456	Yes on U 2018-Protect Santa Maria	5,000.00	

Reason for Amendment: _____