

497 Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER Gloria Soto for Santa Maria City Council District 3 2018		Date of This Filing 09/28/2018	Date Stamp <div style="border: 2px solid black; padding: 5px; text-align: center;"> CALIFORNIA FORM 497 </div> For Official Use Only 28 SEP 2018 AM 11:03 CITY CLERK'S OFFICE
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1407086	Report No. 110	
STREET ADDRESS [REDACTED]		<input type="checkbox"/> Amendment to Report No. 0 (explain below)	
CITY Santa Maria, CA	STATE	ZIP CODE 93458	No. of Pages 2

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
2018-09-26	Democratic Women Of Santa Barbara County 901 Via Rosita Santa Barbara, CA 93110 ID: 743656	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,500.00 <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