

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

AREA CODE/PHONE NUMBER _____ I.D. NUMBER (if applicable)
1407086

STREET ADDRESS
[REDACTED]

CITY _____ STATE _____ ZIP CODE _____
Santa Maria, CA 93458

Date of This Filing 01/29/2019

Report No. 220

Amendment to Report No. 0
(explain below)

No. of Pages _____

Date Stamp

CALIFORNIA FORM 497

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29 JAN 2019 PM 12:49
CITY CLERK'S OFFICE

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
2018-09-07	Planned Parenthood Central Coast Action Fund 518 Garden Street Santa Barbara, CA 93101 ID: 1278950	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00 <input type="checkbox"/> Check if Loan _____% Provide Interest Rate
2018-10-31	Planned Parenthood Central Coast Action Fund 518 Garden Street Santa Barbara, CA 93101 ID: 1278950	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		707.50 <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

