

497 Contribution Report

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

RECEIVED 497 CONTRIBUTION REPORT
CALIFORNIA FORM 497

NAME OF FILER
Committee to Elect Etta Waterfield for City Council 2014

AREA CODE/PHONE NUMBER
[REDACTED]

I.D. NUMBER (if applicable)
1367298

STREET ADDRESS
[REDACTED]

CITY STATE ZIP CODE
Santa Maria CA 93455

Date of This Filing 10/10/2014

Report No. 10102014

Amendment to Report No. _____
(explain below)

No. of Pages 1

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CITY CLERK'S OFFICE
CITY OF SANTA MARIA

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
10/10/2014	The Moats Family Trust [REDACTED] Santa Maria, CA 93455	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input 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

*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: _____