

# 497 Contribution Report

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

# RECEIVED

497 CONTRIBUTION REPORT

**NAME OF FILER**  
Committee to Elect Btta Waterfield for City Council 2014

**AREA CODE/PHONE NUMBER** (805) 922-4881      **I.D. NUMBER (if applicable)** 1367298

**STREET ADDRESS**  
2151 S. College Dr Ste 101

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

**Date of This Filing** 11/03/2014

**Date Stamp**

**CALIFORNIA FORM 497**  
For Official Use Only

**Report No.** 10102014 2014 NOV 3 PM 3 32

**Amendment to Report No.** 10102014  
(explain below)

CITY CLERK'S OFFICE  
CITY OF SANTA MARIA

**No. of Pages** 1

## 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 525 B. Plaza Dr. Suite 200 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"/> 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

**Reason for Amendment:** Changed from individual to other

\*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

FPPC Form 497 (March/2011)  
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)