

**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 Etta Waterfield for City Council 2014

**AREA CODE/PHONE NUMBER** (805) 922-4801

**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** 10/20/2014

Date Stamp

**CALIFORNIA FORM 497**  
For Official Use Only

**Report No.** 10202014  
2014 OCT 20 PM 4 17

**Amendment to Report No.**  
(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
10/20/2014	Grow Elect 1022 G St, Ste. B Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,500.00
			<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: \_\_\_\_\_

\*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