

497 Contribution Report

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

RECEIVED
Date Stamp

497 CONTRIBUTION REPORT

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

AREA CODE/PHONE NUMBER (805) 922-4881

STREET ADDRESS
2151 S. College Dr Ste 101

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

I.D. NUMBER (if applicable)
1367298

Date of This Filing 10/30/2014

Report No. 103014

Amendment to Report No.
(explain below)

No. of Pages 1

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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
10/29/2014	Daren Gee [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		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

***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: _____