

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

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 10/06/2014

Report No. 10062014

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
10/06/2014	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		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: _____

*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