

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER CHARLOTTE BRIMMER <hr/> AREA CODE/PHONE NUMBER 310 245 5256 <hr/> I.D. NUMBER (if applicable) 1389638 <hr/> STREET ADDRESS 683 LOYOLA STREET <hr/> CITY STATE ZIP CODE CARSON CA 90746		Date of This Filing 9/30/2016 <hr/> Report No. 1 <hr/> <input type="checkbox"/> Amendment to Report No. _____ (explain below) <hr/> No. of Pages 1	RECEIVED CITY CLERK OCT -3 AM 10:04 CITY OF CARSON <i>Received via email 10/2/16 - gr</i>	CALIFORNIA FORM 497 For Official Use Only
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1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
9/19/2016	CHARLOTTE E. BRIMMER <div style="background-color: gray; width: 150px; height: 20px; margin-top: 5px;"></div>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2500.00 <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: _____