

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER CHARLOTTE BRIMMER		Date of This Filing <u>10/14/2016</u>	RECEIVED CITY CLERK 16 OCT 17 PM 2:32 CITY OF CARSON	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 310 245 5256	I.D. NUMBER (if applicable) 1389638	Report No. <u>2</u>		
STREET ADDRESS 683 LOYOLA STREET		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY CARSON	STATE CA	ZIP CODE 90746	No. of Pages <u>1</u>	

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
10/14/2016	CHARLOTTE E. BRIMMER [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	2000.00 <input type="checkbox"/> Check if Loan _____% <small>Provide interest rate</small>
10/14/2016	UA JOURNEYMAN AND APPRENTICES LOCAL #250-PAC ID#743-959 [REDACTED]	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2000.00 <input type="checkbox"/> Check if Loan _____% <small>Provide interest rate</small>
10/14/2016	HALL FOR CONGRESS ID#C00497859 [REDACTED]	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00 <input type="checkbox"/> Check if Loan _____% <small>Provide interest rate</small>

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