

**497 Contribution Report**

Amounts may be rounded to whole dollars.

NAME OF FILER <b>JIM DEAR FOR MAYOR 2016</b>		Date of This Filing <b>8-24-16</b>	Date Stamp	<b>CALIFORNIA FORM 497</b> For Official Use Only
AREA CODE/PHONE NUMBER <b>310 328-6212</b>	I.D. NUMBER (if applicable) <b>1260745</b>	Report No. <b>1</b>	<b>RECEIVED CITY CLERK</b>  <b>16 AUG 24 PM 1:53</b>	
STREET ADDRESS <b>21838 FIGUEROA ST.</b>		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	<b>CITY OF CARSON</b>	
CITY <b>CARSON</b>	STATE <b>CA</b>	ZIP CODE <b>90745</b>	No. of Pages <b>1</b>	

**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
<b>8/23/16</b>	<b>DONALD DEAR</b> <div style="background-color: gray; height: 20px; width: 100%;"></div>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<b>WEST BASIN MUNICIPAL WATER BOARD DIRECTOR</b>	<b>4,000.00</b> <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: \_\_\_\_\_