

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER JIM DEAR FOR MAYOR 2016		Date of This Filing _____	Date Stamp	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 310 328-6212	I.D. NUMBER (if applicable) 1260745	Report No. _____	RECEIVED CITY CLERK	
STREET ADDRESS 21838 FIGUEROA ST.		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	16 OCT -6 PM 1:03 CITY OF CARSON	
CITY CARSON	STATE CA	ZIP CODE 90745	No. of Pages _____	

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
10/5/16	DONAVD DEAR [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	DIRECTOR WEST BASIN MUNICIPAL WATER DIST.	\$4,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
10/5/16	VIOLETA GNIERE [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	\$1,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
10/5/16	YOUNG KIM [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	\$2,500.00 <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