

**497 Contribution Report**

Amounts may be rounded to whole dollars.

NAME OF FILER <b>Jim DEARFOR MAYOR 2016</b>		Date of This Filing <b>16 OCT 13 PM 12:08</b>	RECEIVED Stamp <b>CITY CLERK</b> <b>CITY OF CARSON</b>	CALIFORNIA FORM <b>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. _____		
STREET ADDRESS <b>21838 FIGUEROA ST.</b>		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY <b>CARSON</b>	STATE <b>CA</b>	ZIP CODE <b>90745</b>	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
<b>10/12/16</b>	<b>CHARLES CHO</b> [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<b>RETIRED</b>	<b>\$1,000.-</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: \_\_\_\_\_

**FAXED**  
10-13-16