

# 497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER <b>Jim DEARFOR MAYOR 2016</b>		Date of This Filing <b>10-14-16</b>	RECEIVED CITY CLERK OCT 17 AM 7:30 CITY OF CARSON <i>Rec'd via fax</i>	CALIFORNIA FORM <b>497</b> For Original Use Only
AREA CODE/PHONE NUMBER <b>310 328-6212</b>	I.D. NUMBER (if applicable) <b>1260745</b>	Report No. <b>16</b>		
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
10/14/16	IBEW LOCAL UNION 11 [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,000.00 <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: \_\_\_\_\_

**FAXED**  
10-14-16