

FAX # 310 513-6243

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Jim DEARFOR MAYOR 2016		Date of This Filing _____	Date Stamp RECEIVED CITY CLERK 16 OCT 18 PM 12:42	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 310 328-6212	I.D. NUMBER (if applicable) 1260745	Report No. _____		
STREET ADDRESS 21838 FIGUEROA ST.		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	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
10/18/16	PRAIRIE INC. [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1000.00 <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 (s.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee

Reason for Amendment: _____

FAXED
10-18-16