

497 Contribution Report

Amounts may be rounded to whole dollars.

FAX # 310 513-6243

NAME OF FILER JIM DEARFOR MAYOR 2016		Date of This Filing 11-4-16	RECEIVED CITY CLERK NOV -7 AM 7:03	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 310 328-6212	I.D. NUMBER (if applicable) 1260745	Report No. 13 16	CITY OF CARSON Rec'd via fax 11/4/16	
STREET ADDRESS 21838 FIGUEROA ST.		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY CARSON	STATE CA	ZIP CODE 90745	No. of Pages 1	

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (OF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
11/3/16	BRUTAS CORPORATION [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ 4000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
11/3/16	TAMBUORELLI LAW GROUP [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ 3000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
11/3/16	ERICKA ARGUEDAS [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	\$ 3000.00 <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
11-4-16