

497 Contribution Report

Amounts may be rounded to whole dollars.

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497 CONTRIBUTION REPORT

NAME OF FILER TAVONIA EKWEGH FOR CARSON CITY COUNCIL 2016		Date of This Filing <u>10/26/2016</u>	<p>CALIFORNIA FORM 497 For Official Use Only</p>
AREA CODE/PHONE NUMBER <u>(310) 654-6689</u>	I.D. NUMBER (if applicable) <u>1390411</u>	Report No. <u>1</u>	
STREET ADDRESS <u>17810 Elm Ct.</u>		<input checked="" type="checkbox"/> Amendment to Report No. <u>1</u> (explain below)	
CITY <u>Carson</u>	STATE <u>CA</u>	ZIP CODE <u>90746</u>	
		No. of Pages <u>1</u>	

16 OCT 27 AM 8:30
CITY OF CARSON

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
10/01/2016	Tavonia Ekwegh [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Nurse Martin Luther King Jr. Community Hospital	1,000.00 <input checked="" type="checkbox"/> Check if Loan <u>0.00</u> % Provide interest rate
10/04/2016	Marcia Linton [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Caregiver Linto-Witter	6,015.87 <input checked="" type="checkbox"/> Check if Loan <u>0.00</u> % 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 <u> </u> % 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: Corrected Information