

497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED
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497 CONTRIBUTION REPORT

CALIFORNIA FORM 497

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NAME OF FILER
JAWANE HILTON FOR CARSON CITY COUNCIL 2016

AREA CODE/PHONE NUMBER (310) 817-6679 I.D. NUMBER (if applicable) 1384184

STREET ADDRESS
111 N. La Brea Ave., Suite 408

CITY STATE ZIP CODE
Inglewood CA 90301

Date of This Filing 10/22/2016

Report No. 28

Amendment to Report No. (explain below)

No. of Pages 1

Date Stamp
OCT 24 AM 7:24

CITY OF CARSON
Rec'd via fax on 10/22/16

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
10/21/2016	American Federation of State, County and Municipal Employees, AFL-CIO, Council 36 PAC Committee ID # 747152 Non-Monetary	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		5,598.04 <input type="checkbox"/> Check if Loan _____% Provide interest rate
10/21/2016	Jabez Investmenrts Inc.	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,500.00 <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

*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: _____

P.2
323-756-8911
Cunningham Family
Oct 22 16 05:36p