

497 Contribution Report

Amounts may be rounded to whole dollars.

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CITY OF CARSON

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 Inglewood **STATE** CA **ZIP CODE** 90301

Date of This Filing 10/25/2016

Report No. 29

Amendment to Report No. _____
(explain below)

No. of Pages 1

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
10/25/2016	Southern California District Council of Laborers PAC Committee ID # 1358150	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		1,000.00 <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: _____