497 Contribu	ition Keport	Amount	s may be rounded to wi	hole dollars. 🥀	ECELVED	497 CC	NTRIBUTION REPORT	
NAME OF FILER			Date of	CI	Y Charle Stamp	CALIFO	CALIFORNIA 497	
JAWANE HILTON	FOR CARSON CITY COUNC	TL 2016	This Filing	10/27/2016	T 27 PM 3:00	FORM 491		
AREA CODE/PHONE NUMBER (# applicable)			Banari No. 31	16 0	1 21 111 0 00	For	Official Use Only	
(310) 817-6679 1384184			Report No. 31	CITY	OF CARSON			
STREET ADDRESS			☐ Amendme	nt Civi	<b>0</b>			
111 N. La Brea	Ave., Suite 408		to Report No.					
CITY	STATE ZIP CODE		(explain below)					
Inglewood		CA 90301	No. of Pages					
1. Contribution	on(s) Received			1			T	
DATE RECEIVED	FULL NAME	TRIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)		AMOUNT RECEIVED		
10/26/2016	Affirmed Housing Gr	oup		☐ IND ☐ COM			1,000.00	
				☐ PTY ☐ SCC			Check if Loan	
10/26/2016	SA Recycling			☐ IND			3,000.00	
				COM OTH PTY SCC			☐ Check if Loan	
				☐ SCC			Provide interest rate	
10/27/2016	Lenise Yarber			☑ IND ☐ COM ☐ OTH	Pediatric Dentist Children's Dental		1,000.00	
				☐ PTY ☐ SCC			Provide interest rate	
Reason for Amer	ndment:				*Contributor Codes IND – Individual COM – Recipient C OTH – Other (e.g. PTY – Political Par SCC – Small Contr	committee (otl , business en ty		