

17:14:02 10-31-2016 1/1

497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED
CITY CLERK
Date Stamp

497 CONTRIBUTION REPORT

NAME OF FILER JAWANE HILTON FOR CARSON CITY COUNCIL 2016		Date of This Filing <u>10/31/2016</u>	<p>16 NOV -1 AM 7: CITY OF CARSON</p>	<p>CALIFORNIA FORM 497 For Official Use Only</p>
AREA CODE/PHONE NUMBER (310) 817-6679	I.D. NUMBER (if applicable) 1384184	Report No. <u>34</u>		
STREET ADDRESS 111 N. La Brea Ave., Suite 408		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Inglewood	STATE CA	ZIP CODE 90301	No. of Pages <u>1</u>	

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
10/30/2016	Southwest Regional Council of Carpenters Political Action Fund [REDACTED] Committee ID # 870169	<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: _____

310-672-6679