

497 Contribution Report

Amounts may be rounded to whole dollars.

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Date Stamp

497 CONTRIBUTION REPORT

NAME OF FILER Kenneth Jones for Carson City Council 2016			Date of This Filing 10/31/2016	16 OCT 31 PM 12:05 CITY OF CARSON	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (562) 983-0815	I.D. NUMBER (if applicable) 1389313	Report No. 10-31KJ			
STREET ADDRESS 525 E. Seaside Way, #101-C					
CITY Long Beach	STATE CA	ZIP CODE 90802			
<input type="checkbox"/> 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 <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
10/28/2016	Eginering Contractors Association PAC _____ Committee ID # 790729	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input 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
		<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: _____