

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Murga for City Council 2016		Date of This Filing 10/19/2016	RECEIVED Date Stamp CITY CLERK OCT 19 PM 2:26 CITY OF CARSON	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 5622229141	I.D. NUMBER (if applicable) 1390457	Report No. 101916A-16		
STREET ADDRESS 21207 Avalon Blvd., #184		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Carson	STATE CA	ZIP CODE 90745	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
10/18/2016	Good Government Carson [REDACTED] FPPC #1385753	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$3,750.00 <input type="checkbox"/> Check if Loan _____% <small>Provide interest rate</small>
10/18/2016	Good Government Carson [REDACTED] FPPC #1385753	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$3,483.00 <input type="checkbox"/> Check if Loan _____% <small>Provide interest rate</small>
10/18/2016	I.B.E.W. [REDACTED] FPPC #822725	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,000.00 <input type="checkbox"/> Check if Loan _____% <small>Provide interest rate</small>

****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: _____