


497 Contribution Report

Amounts may be rounded to whole dollars.

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NAME OF FILER <i>Carson Citizens For Reform</i>		Date of This Filing <i>10-29-16</i>	Date Stamp 16 OCT 31 AM 7:52	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER <i>310 549-4219</i>	I.D. NUMBER (if applicable) <i>1276736</i>	Report No. _____	CITY OF CARSON <i>Rec'd via email 10/29/16</i>	
STREET ADDRESS <i>24728 PANAMA</i>		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY <i>Carson</i>	STATE <i>CA</i>	ZIP CODE <i>90745</i>		

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
<i>10/27/16</i>	<i>Albert Robles For Mayor 2016</i> <i>ID # 1378291</i> 	<i>In Kind - Non Monetary</i>	<i>4,221.00</i> <i>5,006.74</i>	<i>11-8-16</i>

Reason for Amendment: _____