

497 Contribution Report

Amounts may be rounded to whole dollars.

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NAME OF FILER Good Government Carson		Date of This Filing 11/1/2016	CITY CLERK Date Stamp 16 NOV -2 AM 6:57	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (661) 435-9973	I.D. NUMBER (if applicable) 1385753	Report No. 11116A		
STREET ADDRESS 333 E. Albertoni Street., No. 200, Ste. 432		<input type="checkbox"/> Amendment to Report No.		CITY OF CARSON
CITY Carson	STATE CA	ZIP CODE 90746	No. of Pages 3	

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)
11/01/2016	Jawane Hilton for Carson City Council 2016 [REDACTED] ID: 1384184	Jawane Hilton City Council Member City: City of Carson	\$223.02	11/08/2016
11/01/2016	Jawane Hilton for Carson City Council 2016 [REDACTED] ID: 1384184	Jawane Hilton City Council Member City: City of Carson	\$3,055.00	11/08/2016
11/01/2016	Jawane Hilton for Carson City Council 2016 [REDACTED] ID: 1384184	Jawane Hilton City Council Member City: City of Carson	\$1,481.00	11/08/2016

Reason for Amendment: _____

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11/01/2016	Jawane Hilton for Carson City Council 2016 [REDACTED] ID: 1384184	Jawane Hilton City Council Member City: City of Carson	\$7,500.00	11/08/2016

Reason for Amendment: _____