

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Ramona Pimentel For City Council 2016		Date of This Filing 11/1/2016	Date Stamp	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 424 265-1176	I.D. NUMBER (if applicable) 1389370	Report No. 7	RECEIVED CITY CLERK 16 NOV -1 PM 12:34	
STREET ADDRESS 822 Realty		<input type="checkbox"/> Amendment to Report No. _____ <small>(explain below)</small>	CITY OF CARSON	
CITY Carson	STATE CA	ZIP CODE 90745	No. of Pages _____	

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
10/31/2016	Vera Robles DeWitt <div style="background-color: gray; width: 150px; height: 20px; margin-top: 5px;"></div>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Bail Agent Carson Bail Bonds	1500.00 <input checked="" type="checkbox"/> Check if Loan 0 % <small>Provide interest rate</small>
		<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 _____ % <small>Provide interest rate</small>
		<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 _____ % <small>Provide interest rate</small>

Reason for Amendment: _____

****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