

497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER Albert Robles for Mayor 2016			Date of This Filing <u>10/28/2016</u>	Date Stamp RECEIVED CITY CLERK 16 OCT 31 AM 7:51 CITY OF CARSON <i>rec'd via email 10/28/16 &</i>	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (424) 260-4243	I.D. NUMBER (if applicable) 1378291	Report No. <u>10-28AR</u>			
STREET ADDRESS 550 E. Carson Plaza Dr., #110			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Carson	STATE CA	ZIP CODE 90746	No. of Pages <u>1</u>		

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
10/27/2016	Committee to Re- Elect Councilman Elroy Morales 2015 Committee ID # 1292770	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00 <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: _____
