(if applicable)  FI  TATE ZIP CODE	Pate of This Filing 04/01/2016  Report No. 04-01EC  Amendment o Report No	- 2016 APR -4 PM 4: 30 F  CAMPAIGN FINANCE	or Official Use Only
(if applicable)  FI  TATE ZIP CODE	Amendment o Report No explain below)	CAMPAIGN FINANCE	For Official Use Only
TATE ZIP CODE	Amendment O Report No	CAMPAIGN FINANCE	or ornida osciony
TATE ZIP CODE (e	o Report No	- ATTI ATGN FINANCE	
TAIL ZIF CODE			
	3012		
RESS AND ZIP CODE OF CONTRIBUTOR TEE, ALSO ENTER I D NUMBER)		ENTER OCCUPATION AND EMPLOTER	AMOUNT RECEIVED
	X IND COM OTH PTY SCC	COO/Principal etcoHomes, inc.	□ Check if Loan
	∑ IND  COM  OTH  PTY  SCC	Homemaker N/A	1,500.00
	IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	CEO Heavy Weight Transport Inc.	1,500.00
	TEE, ALSO ENTER I D NUMBER)	X   IND   COM   OTH   PTY   SCC   SCC   X   IND   COM   OTH   PTY   SCC   SCC   SCC   TY   COM   OTH   PTY   SCC   SCC   TY   TY   SCC   SCC   TY   TY   TY   SCC   TY   TY   TY   TY   TY   SCC   TY   TY   TY   TY   TY   TY   TY	TEE, ALSO ENTERID NUMBER)  CODE *  (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)  X IND

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## **497 Contribution Report**

## Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER  Carr for Supervisor 2016  AREA CODE/PHONE NUMBER  I.D. NUMBER (if applicable)  1375984  STREET ADDRESS  CITY  STATE ZIP CODE		Date of This Filing 04/01/2016  Report No. 04-01EC  Amendment to Report No. (explain below)  No. of Pages 3			CALIFORNIA 497 FORM For Official Use Only	
1. Contributi	on(s) Received					
DATE RECEIVED	FULL N	NAME, STREET ADDRESS AND ZIP CODE OF CONTR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	RIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
03/31/2016	Annamaria B. Pal	ffy		IND COM	Homemaker N/A	1,500.00
				OTH PTY SCC		☐ Check if Loan
03/31/2016	Thomas Palffy			IND COM OTH PTY SCC	Attorney Hunt Ortmann	Provide interest rate  1,500.00  Check if Loan  Provide interest rate
03/31/2016	Melanie Rechnitz			IND COM OTH PTY SCC		1,500.00  Check if Loan  Provide interest rate
Reason for Amer	dment:				*Contributor Codes IND – Individual COM – Recipient Committee ( OTH – Other (e.g., business PTY – Political Party SCC – Small Contributor Committee (	entity)

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## **497 Contribution Report**

## Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER  Carr for Superv	risor 2016	Date of This Filing04/01/2016  Report No. 04-01EC  Amendment to Report No (explain below) No. of Pages3			FORM 497 For Official Use Only	
AREA CODE/PHONE N	UMBER I.D. NUMBER (if applicable)  1375984			For		
CITY	STATE ZIP CODE					
1. Contribution	on(s) Received					
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBU" (IF COMMITTEE, ALSO ENTER LD. NUMBER)	TOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED	
03/31/2016	Alan Sager		X IND COM OTH PTY SCC	Entreprenuer Supercuts	1,500.00  Check if Loan  ** Provide interest rate	
03/31/2016	Pamela Teitelbaum		IND COM OTH PTY SCC	Infection Control Specialist Cedar Sinai Medical Group	1,500.00	
			☐ IND☐ COM☐ OTH☐ PTY☐ SCC		☐ Check if Loan	
Reason for Amen	dment:			*Contributor Codes IND – Individual COM – Recipient Committee (o OTH – Other (e.g., business e PTY – Political Party SCC – Small Contributor Comm	ntity)	

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