497 Contrib	ution Report	Amoun	its may be rounded to v	whole dollars.	RECEIVED BY	CONTRIBUTION REPORT	
NAME OF FILER Carr for Supervisor 2016			Date of This Filing _	04/13/2016	CALIF	CALIFORNIA 497	
AREA CODE/PHONE NUMBER  I.D. NUMBER (if applicable)  1375984		Report No.		AHID AFK TO PH 3:31	r Official Use Only		
STREET ADDRESS			Amendment to Report No.		CAEIFAIGH FINANCE		
CITY		STATE ZIP CODE	(explain below)	1			
1. Contributi	on(s) Received						
DATE RECEIVED	FULL NAM	ME, STREET ADDRESS AND ZIP CODE OF CON- (IF COMMITTEE, ALSO ENTER I D NUMBER)	TRIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED	
04/12/2016	Marci Holliday	9		X IND COM OTH PTY SCC	Realtor Coldwell Banker	1,500.00	
04/12/2016	Brent Sherman		49	IND COM OTH PTY SCC	Portfolio Manager NewMark Merrill Companies, LLC	1,500.00  Check if Loan  Provide interest rate	
		_		☐ IND☐ COM☐ OTH☐ PTY☐ SCC		Check if Loan  "" Provide interest rate	
Reason for Amen	dment:				*Contributor Codes  IND – Individual  COM – Recipient Committee (otl  OTH – Other (e.g., business en  PTY – Political Party  SCC – Small Contributor Commit	tity)	

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