497 Contribution	n Report Amo	ounts may be rounded to w		RECEIVED BY 497 CC	ONTRIBUTION REPORT
NAME OF FILER  Carr for Supervisor  AREA CODE/PHONE NUMBE	Transfer to the second	Date of This Filing Report No. 05	05/11/2016 21 5-11EC	CALIFO FOR	RNIA 107
CITY	STATE ZIP CODE	Amendment to Report No. (explain below)  No. of Pages	• ———	THE PROPERTY OF THE PROPERTY O	
1. Contribution(s	s) Received				
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CO (IF COMMITTEE ALSO ENTER LD NUMBER)	ONTRIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
05/10/2016 Re	efugio Joseph Plascencia		X IND COM OTH PTY SCC	Insurance Agent JP Tech Insurance Services, Inc.	1,500.00  Check if Loan  **  Provide interest rate
	e e		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		Check if Loan  ""  Provide interest rate
			☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan
Reason for Amendmen	nt:			*Contributor Codes  IND – Individual  COM – Recipient Committee (othe  OTH – Other (e.g., business entil  PTY – Political Party  SCC – Small Contributor Committee	ity)