497 Contributio	on Report	Amo	ounts may be rounded to v	vhole dollars. RE	CEIVED BY	497 CON	TRIBUTION REPORT
NAME OF FILER Carr for Supervisor 2016			Date of This Filing _		Y 16 PM 2:21	CALIFOR FORM	NIA 107
AREA CODE/PHONE NUMBER  I.D. NUMBER (if applicable)  1375984		Report No. 0	5-16EC	AIGN FINANCE		ficial Use Only	
STREET ADDRESS			Amendme	ent			
CITY		STATE ZIP CODE	(explain below)  No. of Pages	1			
1. Contribution(	s) Received						
DATE RECEIVED	FULL NAME,	STREET ADDRESS AND ZIP CODE OF CO (IF COMMITTEE, ALSO ENTER I D. NUMBER)	ONTRIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EM (IF SELF-EMPLOYED, ENTER NAME OF		AMOUNT RECEIVED
05/13/2016 As	sher Delug			IND COM OTH PTY SCC	CEO Airpush.com		1,500.00  Check if Loan  **  Provide interest rate
05/14/2016 Ho	oward Lorber		<i>f</i>		Executive Vector Group LTD		1,500.00  Check if Loan  % Provide interest rate
				☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC			☐ Check if Loan
Reason for Amendmen	nt:		- 1		*Contributor Codes IND – Individual COM – Recipient Cor OTH – Other (e.g., b PTY – Political Party SCC – Small Contribu	ousiness entity)	