497 Contrib	ution Report		Amounts may	y be rounded to w	100	RECEIVED BY	497 C	ONTRIBUTION REPORT
NAME OF FILER			Date of		Date Stamp	CALIFO	RNIA 407	
Carr for Supervisor 2016				This Filing _	05/31/2016	MAY 31 PM 4: 23	FOF	
AREA CODE/PHONE NUMBER I.D. NUMBER (if applicable)					MAI 31 111 4, 23	For	Official Use Only	
		1375984		Report No. 05	S-31EC	PAIGN FINANCE		
STREET ADDRESS				☐ Amendme to Report No.	nt	H AIGHT INTHOSE		
CITY		STATE ZIP COI	DE	(explain below) No. of Pages	1			
1. Contributi	on(s) Received		1101116	*				
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IFCOMMITTEE, ALSO ENTER I D NUMBER)			CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) AMOUNT RECEIVED			
05/27/2016 Niv Davidovich					X IND	Attorney Orbach Huff Suarez & Henderson		1,500.00
					OTH			☐ Check if Loan
					SCC			Provide interest rate
05/27/2016	Bernard Hale				X IND ☐ COM	Treasurer 1, Pavement Recycling Systems, Inc.		1,000.00
					OTH	4		☐ Check if Loan
		<u> </u>			□ scc			Provide interest rate
					☐ IND ☐ COM ☐ OTH			☐ Check if Loan
					☐ PTY ☐ SCC			% Provide interest rate
						*Contributor Codes IND – Individual COM – Recipient Committee (other than PTY or SCC) OTH – Other (e.g., business entity)		
Reason for Amendment:						PTY – Political Pa SCC – Small Cont		ee