497 Contrib	ution Report	Amounts may be rounded to	whole dollars.	RECEIVED BY 497 C	ONTRIBUTION REPORT
NAME OF FILER		Date of	_	US A Manustanos COUT CALIFO	
Carr for Supervisor 2016		This Filing	06/08/2016	FOI	ORNIA 497
AREA CODE/PHONE NUMBER I.D. NUMBER (if applicable) 1375984		The shift of the s		1 701 C 1110 = Q DM 17: 1	Official Use Only
		Report No. 9	06-08EC	CAMPAIGN FINANCE	
STREET ADDRESS		☐ Amendm to Report No		CAMPAIGN FINANCE	,
CITY	STATE ZIP ((explain below) No. of Pages	s1		
1. Contributi	on(s) Received				
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP C		CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
06/07/2016	Parviz Okhovat		X IND	Retired N/A	1,000.00
			☐ COM ☐ OTH ☐ PTY		☐ Check if Loan
			scc		Provide interest rate
			☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan
			☐ IND		Provide interest rate
			COM OTH PTY SCC		Check if Loan "Provide interest rate
Reason for Amen	dment:		1	*Contributor Codes IND – Individual COM – Recipient Committee (oth OTH – Other (e.g., business en PTY – Political Party SCC – Small Contributor Commit	ner than PTY or SCC) lity)