

497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

RECEIVED BY
LOS ANGELES COUNTY CALIFORNIA
FORM 497
 Date Stamp
2016 MAY 10 AM 8:07
CAMPAIGN FINANCE

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NAME OF FILER Carr for Supervisor 2016		Date of This Filing 05/09/2016
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1375984	Report No. 05-09EC
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)
CITY	STATE	ZIP CODE
		No. of Pages 1

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I D NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
05/06/2016	Seth R. Samuels	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Student N/A	1,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
05/06/2016	Charlene Sands	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	1,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
05/08/2016	Simon P. Tehad	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Etehad Law, APC	1,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate

*Contributor Codes
 IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee

Reason for Amendment: _____