

# 497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED BY  
LOS ANGELES COUNTY  
497 CONTRIBUTION REPORT

Date Stamp  
**2016 MAY 12 PM**  
CAMPAIGN FINANCE

**CALIFORNIA FORM 497**

For Official Use Only

NAME OF FILER Carr for Supervisor 2016		Date of This Filing <u>05/12/2016</u>
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1375984	Report No. <u>05-12EC</u>
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)
CITY	STATE	ZIP CODE
		No. of Pages <u>1</u>

## 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
05/11/2016	Gerard Einhorn	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Medical Manager Alexander Angerman MD	1,000.00  <input type="checkbox"/> Check if Loan  _____% Provide interest rate
05/11/2016	Jake Farber	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President Alpert and Alpert	1,500.00  <input type="checkbox"/> Check if Loan  _____% Provide interest rate
05/11/2016	Addison Smith	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner JAS Pacific, Inc.	1,500.00  <input type="checkbox"/> Check if Loan  _____% Provide interest rate

Reason for Amendment: \_\_\_\_\_

\*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