## 497 Contribution Report

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## Amounts may be rounded to whole dollars.

			io may be rounded to m			497 CC	NTRIBUTION REPORT
NAME OF FILER	ruisor 2016		Date of This Filing 04/20/2016		Date Stamp	FOR Official Use Only	
Carr for Supervisor 2016  AREA CODE/PHONE NUMBER		I.D. NUMBER (# applicable)	Report No. 04	-20EC			
STREET ADDRESS			Amendment to Report No.				
CITY		STATE ZIP CODE	(explain below)  No. of Pages	2			
1. Contribut	ion(s) Received						
DATE RECEIVED	FULL N	IAME, STREET ADDRESS AND ZIP CODE OF CON' (IFCOMMITTEE, ALSO ENTER I.D. NUMBER)	TRIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)		AMOUNT RECEIVED
04/19/2016	Lori Bernet			X IND	Homemaker N/A		1,500.0
				COM OTH PTY			☐ Check if Loan
				SCC			Provide interest rate
04/19/2016	Shlomo Gonen			IND COM OTH PTY SCC	Private Investor Curious Minds		☐ Check if Loan
04/19/2016	Noachim Marco			X IND	Chieg Medical Officer JHA Geriatrics		Provide interest rate
				COM OTH PTY SCC			☐ Check if Loan  ———————————————————————————————————
Reason for Ame	endment:				*Contributor Codes IND – Individual COM – Recipient Col OTH – Other (e.g., b PTY – Political Party SCC – Small Contribu	ousiness ent	ity)

## **497 Contribution Report**

## Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

					Date Stamp	497 CONTRIBOTION RELIGION	
NAME OF FILER			Date of This Filing	04/20/2016	Date Stamp	CALIFORNIA 497	
Carr for Supervisor 2016  AREA CODE/PHONE NUMBER  I.D. NUMBER (if applicable)  1375984		Report No. 04-20EC  Amendment to Report No. (explain below)  No. of Pages 2			For Official Use Only		
STREET ADDRESS							
CITY STATE ZIP CODE							
1. Contribution	on(s) Received						
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTINUE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		TRIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPL (IF SELF-EMPLOYED, ENTER NAME OF BU	JSINESS) RECEIVED	
04/19/2016	William Wennerberg			IND □ COM	Assett Manager Paradigm Asset Management	1,000.0	
				OTH		☐ Check if Loan	
				□ scc		Provide interest rate	
				☐ IND☐ COM☐ OTH☐ PTY☐ SCC		☐ Check if Loan  ———————————————————————————————————	
				IND   COM   OTH   PTY		☐ Check if Loan	
				scc		Provide interest rate	
Reason for Ame	endment:				*Contributor Codes IND – Individual COM – Recipient Com OTH – Other (e.g., bu PTY – Political Party SCC – Small Contributo		