

# 497 Contribution Report

Amounts may be rounded to whole dollars.

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 FORM **497**  
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**NAME OF FILER**  
 FLEMING MORENO VALLEY MAYOR 2016

**AREA CODE/PHONE NUMBER**  
 [REDACTED]

**I.D. NUMBER (if applicable)**  
 1383024

**STREET ADDRESS**  
 [REDACTED]

**CITY** MORENO VALLEY      **STATE** CA      **ZIP CODE** 92553

**Date of This Filing** 08/16/2016

**Report No.** \_\_\_\_\_

**Amendment to Report No.** \_\_\_\_\_  
 (explain below)

**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
8/15/2016	AL KETAH BRAZIER [REDACTED] MACON, GA 31210	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PHYSICIAN	1000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<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: \_\_\_\_\_

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<b>NAME OF FILER</b> FLEMING MORENO VALLEY MAYOR 2016		<b>Date of This Filing</b> <u>08/16/2016</u>	Date Stamp    <div style="text-align: right; font-weight: bold; font-size: 1.2em;">                     CALIFORNIA FORM <b>497</b> </div> For Official Use Only
<b>AREA CODE/PHONE NUMBER</b> [REDACTED]	<b>I.D. NUMBER (if applicable)</b> 1383024	<b>Report No.</b> _____	
<b>STREET ADDRESS</b> [REDACTED]		<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)	
<b>CITY</b> MORENO VALLEY	<b>STATE</b> CA	<b>ZIP CODE</b> 92553	
		<b>No. of Pages</b> <u>1</u>	

## 2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION <small>(IF APPLICABLE)</small>

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