497 Contribu	tion Report Amounts may	be rounded to wi	nole dollars.	DAM .	
NAME OF FILER  Committee to I	Date of This Filing 9/26/2016 Dale Stamp CALIFORNIA FORM				
AREA CODE/PHONE NUMBER  I.D. NUMBER (if applicable)  991516  STREET ADDRESS		Report No. 6		RECEIVED SEP 2 6 2016 CITY CLERK'S OFFICE CITY OF PERRIS	
CITY	STATE ZIP CODE	(explain below) No. of Pages	1	ONY OF PERRIS	
1. Contribution	n(s) Received	7740			95
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	ror	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
09/26/2016	Motte Mutual Water Company, LLC		☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		1,000.00  Check if Loan  Provide interest rate
			OTH SCC		Check if Loan
			☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		Check if Loan
Reason for Amendm	ent:			**Contributor Codes  IND – Individual  COM – Recipient Committee (othe  OTH – Other (e.g., business entity  PTY – Political Party  SCC – Small Contributor Committee	<i>(</i> )