497 Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER		Date of This Filing	Date Stamp	CALIFORNIA FORM 497
Re-Elect Tom Brewer to City Council 2010		6/1/2010	2010 JUN 7 PM	For Official Use Only
AREA CODE/PHONE NUMBER: 310 530-6535	I.D. NUMBER (if applicable): 1318486	Report No. 2	CITY CLERK'S OFFICE	
STREET ADDRESS: 23020 Crenshaw Blvd		☐ Amendment to Report No. _____ (explain below)		
CITY: Torrance	STATE: CA / ZIP CODE: 90505	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
6/1/10	James Sheldon [redacted] Lomita, CA 90717	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Civil Servant City of Torrance	$100.00 ☐ Check if Loan _____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan _____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ 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: _____