497 Contribution Report

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

RECEIVED

497 CONTRIBUTION REPORT

CALIFORNIA FORM **497**

For Official Use Only

Date Stamp
2014 MAY 23 PM 1:
CITY OF TORRANCE
CITY CLERK'S OFFICE

NAME OF FILER	Tom Brewer for Mayor 2014
AREA CODE/PHONE NUMBER	310.710.8557
I.D. NUMBER (if applicable)	1359001
STREET ADDRESS	[redacted]
CITY	Torrance
STATE	CA
ZIP CODE	90505
Date of This Filing	05/23/14
Report No.	5
☐ 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
05/22/14	Robert Virtue [redacted] Rolling Hills, CA 90274	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		500.00 ☐ Check if Loan ____% Provide interest rate
05/22/14	QuinStar Techology Inc. 24085 Garnier Street Torrance, CA 90505	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		500.00 ☐ Check if Loan ____% Provide interest rate
05/22/14	Leo Li Ping Fong [redacted] Lomita, CA 90717	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		100.00 ☐ 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: _____