497 Contribution Report

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

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497 CONTRIBUTION REPORT

CALIFORNIA FORM **497**

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NAME OF FILER: Tom Brewer for Mayor 2014	Date of This Filing: June 1, 2014
AREA CODE/PHONE NUMBER: [redacted]	I.D. NUMBER (if applicable): 1359001
	Report No. 6
STREET ADDRESS: [redacted]	☐ 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
6/1/14	Mark Rampolla [redacted] Redondo Beach, CA 90277	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Self Employed Strategic Advisor	1,000.00 ☐ 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: _____