

497 Contribution Report

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

RECEIVED

497 CONTRIBUTION REPORT

NAME OF FILER Tom Brewer for Mayor 2014		Date of This Filing June 1, 2014	Date Stamp 2014 JUN -2 AM 8:57	CALIFORNIA FORM 497 For Official Use Only CITY OF TORRANCE CITY CLERK'S OFFICE
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) 1359001	Report No. 7		
STREET ADDRESS [REDACTED]		<input checked="" type="checkbox"/> Amendment to Report No. (explain below) 5-1 B		
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
4/31/14	South Bay Cooperative, Inc. 2129 West Rosecrans Avenue Gardena, CA 90249	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
5/31/14	Yellow Cab of South Bay Cooperative, Inc. 2129 West Rosecrans Avenue Gardena, CA 90249	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00 <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

Reason for Amendment: I entered the wrong date for the name of flier

****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