497 Contribution Report

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

497 CONTRIBUTION REPORT

CALIFORNIA FORM **497**

For Official Use Only

NAME OF FILER	Committee to Re-Elect Bill Sutherland 2010
AREA CODE/PHONE NUMBER	310 530-6535
I.D. NUMBER (if applicable)	1317940
STREET ADDRESS	23020 Crenshaw Blvd
CITY	Torrance
STATE	CA
ZIP CODE	90505
Date of This Filing	6/7/2010
Report No.	4
☐ Amendment to Report No. (explain below)	
No. of Pages	1

Date Stamp

2010 JUN 7 AM 11:10

CITY CLERK'S OFFICE

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
6/7/10	John Schoen [redacted] Redondo Beach, CA 90277	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Management Advertising & Marketing Network	$250.00 ☐ 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: _____