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**

For Official Use Only

NAME OF FILER	Mike Griffiths for Torrance City Council 2014
AREA CODE/PHONE NUMBER	[redacted]
I.D. NUMBER (if applicable)	1358866
STREET ADDRESS	[redacted]
CITY STATE ZIP CODE	Torrance CA 90505
Date of This Filing	5/30/14
Report No.	0530
☐ 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
5/29/14	Rolling Hills Plaza, LLC 2601 Airport Drive #300 Torrance, CA 90505	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		500.00 ☐ Check if Loan _____% Provide interest rate
5/29/14	Torrance Towne Center Associates, LLC 2601 Airport Drive #300 Torrance, CA 90505	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		500.00 ☐ 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: _____