497 Contribution Report

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

RECEIVED

497 CONTRIBUTION REPORT

NAME OF FILER		Date of This Filing 6/1/2014	Date Stamp 2014 JUN -2 AM 8:56 CITY OF TORRANCE CITY CLERK'S OFFICE	CALIFORNIA FORM 497
Mike Griffiths for Torrance City Council 2014				For Official Use Only
AREA CODE/PHONE NUMBER [redacted]	I.D. NUMBER (if applicable) 1358866	Report No. 0601		
STREET ADDRESS [redacted]		☐ Amendment to Report No. _____ (explain below)		
CITY STATE ZIP CODE Torrance CA 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
5/31/14	Yellow Cab of South Bay Cooperative, Inc. 2129 W. Rosecrans Ave. Gardena, CA 90249	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		250.00 ☐ Check if Loan _____% Provide interest rate
5/31/14	South Bay Cooperative, Inc. 2129 W. Rosecrans Ave. Gardena, CA 90249	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		250.00 ☐ 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: _____