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: 310 530-1365

I.D. NUMBER (if applicable): 1317940

STREET ADDRESS: 23020 CRENSHAW BL.

CITY: TORRANCE STATE: CA ZIP CODE: 90505

Date of This Filing: 5/28/10

Report No. 1

☐ Amendment to Report No. _____ (explain below)

No. of Pages 1

Date Stamp: 2010 MAY 28 PM 1:30 CITY CLERK'S OFFICE

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
5/28/10	AND SMISEK [redacted] TORRANCE, CA 90503		$200.00	6/8/10

Reason for Amendment: _____