497 Contribution Report

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

RECEIVED
2014 JUN -2 AM 8:01
CITY OF TORRANCE
CITY CLERK'S OFFICE

497 CONTRIBUTION REPORT

CALIFORNIA FORM **497**

For Official Use Only

NAME OF FILER	Bill Sutherland for Mayor 2014
AREA CODE/PHONE NUMBER	[redacted]
I.D. NUMBER (if applicable)	1348689
STREET ADDRESS	[redacted]
CITY	Torrance
STATE	CA
ZIP CODE	90501
Date of This Filing	5/31/14
Report No.	BS-10
☐ Amendment to Report No. (explain below)	
No. of Pages	1
Date Stamp	

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	Brian Wong [redacted] Los Angeles, CA 90025	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	CPA Zdonek & Wolowicz	$100.00 ☐ 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: _____