p.2
310-515-6313
Patrick Furey
May 22 14 01:26p
P. 02
MAY-22-2014 THU 01:38 PM 310 515 6313

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 5/22/14	Date Stamp	CALIFORNIA FORM 497
Patrick J. Furey				2014 MAY 22 PM	For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable)		Report No.	CITY OF TORRANCE CITY CLERK'S OFFICE	
310-613-9099	1355747		☐ Amendment to Report No. 8 (explain below)		
STREET ADDRESS			No. of Pages 2		
PO Box 6101					
CITY	STATE	ZIP CODE			
Torrance	Ca	905047			

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
5/21/14	Laborers International Union of North America Local 1309 PAC 3919 Paramount Blvd. Lakewood, Ca 90712	☐ IND ☒ COM ☐ OTH ☐ PTY ☐ SCC		$1,000.00 ☐ Check if Loan _____% Provide interest rate
5/21/14	Harry H. Joh Construction, Inc 7303 Somerset Blvd. Paramount, Ca 90723	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		100.00 ☐ Check if Loan _____% Provide interest rate
5/21/14	Sergio Carrillo [redacted] Wilmington, Ca 90744	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Chief Strategist Carrillo Srategies	100.00 ☐ 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: _____

Page 1 of 2

FPPC Form 497 (March/2011)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

497 Contribution Report

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

497 CONTRIBUTION REPORT

NAME OF FILER		Date of This Filing	Date Stamp	CALIFORNIA FORM 497
Patrick J. Furey		5/22/14		For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable)	Report No.		
310-613-9099	1355747			
STREET ADDRESS		☐ Amendment to Report No. 8 (explain below)		
PO Box 6101				
CITY / STATE / ZIP CODE		No. of Pages 2		
Torrance / Ca / 905047				

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
5/21/14	Chrisa Burroughs [redacted] Hermosa Beach, Ca 90254	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Labor Relations Manager M.L. Johnson & Associates	☐ 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: ____

Page 2 of 2