497 Contribution Report

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

497 CONTRIBUTION REPORT

CALIFORNIA FORM **497**

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NAME OF FILER			Date of This Filing 5/29/14	(Date Stamp)
Patrick J. Furey			Report No. 9	RECEIVED 2014 MAY 29 AM 8:32 CITY OF TORRANCE CITY CLERK'S OFFICE
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable)		☐ Amendment to Report No. ____ (explain below)	
[redacted]	1355747			
STREET ADDRESS			No. of Pages 1	
[redacted]				
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
5/28/14	Muratsuchi for Assembly 2014 ID #1353738 6380 Wilshire Blvd., #1612 Los Angeles, Ca 90048	☐ IND ☒ COM ☐ OTH ☐ PTY ☐ SCC		1,000.00 ☐ Check if Loan ____% Provide interest rate
5/28/14	District Council of Irn Workers Political Action League ID #831693 1660 SanPablo Avenue, Suite C Pinole, Ca 94564 thanks breeze	☐ IND ☒ COM ☐ OTH ☐ PTY ☐ SCC		1,000.00 ☐ 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: _____