497 Contribution Report

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

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497 CONTRIBUTION REPORT

CALIFORNIA FORM **497**

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NAME OF FILER		Date of This Filing	06/02/2014
Tim Goodrich for Torrance City Council 2014		Report No.	004
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable)	☐ Amendment to Report No. (explain below)	
[redacted]	1355944		
STREET ADDRESS		No. of Pages	1
[redacted]			
CITY / STATE / ZIP CODE			
Torrance / CA / 90503			

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
06/02/14	Rick Tuttle [redacted] Culver City, CA 90230	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Educator UCLA	$100.00 ☐ Check if Loan _____% Provide interest rate
06/02/2014	Torrance Firefighter's Association PO Box 3306 Torrance, CA 90510 PAC ID 890376	☐ 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: _____