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 6/1/2010	Date Stamp	CALIFORNIA FORM 497
Committee to Re-Elect Bill Sutherland 2010			2010 JUN 1 PM 3	For Official Use Only
AREA CODE/PHONE NUMBER: 310 530-6535	I.D. NUMBER (if applicable): 1317940	Report No. 3	CITY CLERK'S OFFICE	
STREET ADDRESS: 23020 Crenshaw Blvd		☐ Amendment to Report No. _____ (explain below)		
CITY: Torrance	STATE: CA / ZIP CODE: 90505	No. of Pages 1		

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
6/1/10	James Sheldon [redacted] Lomita, CA 90717	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Civil Servant City of Torrance	$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: _____