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
Steve Groom		June 2, 2010	2010 JUN 2 PM 12:28	For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER *(if applicable)*	Report No. 1	CITY CLERK'S OFFICE	
(310) 370-1246	1324945			
STREET ADDRESS		☐ Amendment to Report No. _____ (explain below)		
5413 Arvada St				
CITY / STATE / ZIP CODE		No. of Pages 1		
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
June 2, 1010	Steve Groom 5413 Arvada Torrance, CA 90503	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	CFO Beach Cities Health District	$2,000 ☒ Check if Loan 0 % 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: _____