497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER		Date of This Filing	Date Stamp	CALIFORNIA FORM 497
Milton Herring for City Council 2016		5/16/2016	RECEIVED	For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable)	Report No. MH 6	MAY 16 2016	
[redacted]	1376584		1:25pm	
STREET ADDRESS		☐ Amendment to Report No. _____ (explain below)	City of Torrance City Clerk's Office	
[redacted]				
CITY / STATE / ZIP CODE		No. of Pages 1		
Torrance / CA / 90501				

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
5/16/16	Dr. Brian Carrico [redacted] Torrance, Ca 90503	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Self- Rehab-Medical doctor	900.00 ☐ 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: _____