497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER		Date of This Filing 5/11/2016	Date Stamp RECEIVED	CALIFORNIA FORM 497
Milton Herring for City Council 2016				For Official Use Only
AREA CODE/PHONE NUMBER [redacted]	I.D. NUMBER (if applicable) 1376584	Report No. MH 5	MAY 16 2016 9:28a City of Torrance City Clerk's Office	
STREET ADDRESS [redacted]		☐ Amendment to Report No. _____ (explain below)		
CITY Torrance	STATE CA / ZIP CODE 90501	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
5/13/16	Milton Herring [redacted] Torrance, CA 90501	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	1,000.00 ☒ 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: _____