497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

CALIFORNIA FORM 497

For Official Use Only

NAME OF FILER		Date of This Filing 04/27/2016	Date Stamp
TORRANCE FIREFIGHTERS PAC			RECEIVED
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable)	Report No. 28	APR 27 2016
[redacted]	890376		4:52pm
STREET ADDRESS		☐ Amendment to Report No. _____ (explain below)	City of Torrance City Clerk's Office
[redacted]			
CITY / STATE / ZIP CODE		No. of Pages 1	
Long Beach / CA / 90802			

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
03/16/2016	Milton Herring For City Council 2016 (ID# 1376584) [redacted] Torrance, CA 90501	Miltoo Herring City Council Member: City of Torrance	1,000.00	

Reason for Amendment: _____

FPPC Form 497 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov