

# 497 Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

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497 CONTRIBUTION REPORT

CALIFORNIA FORM 497

CITY OF TORRANCE  
CITY CLERK'S OFFICE

MAY-23-2014 FRI 10:50 AM 310 515 6313

NAME OF FILER <b>Patrick J. Furey</b>		Date of This Filing 5/23/14	Date Stamp 2014 MAY 23 10:50 AM CITY OF TORRANCE CITY CLERK'S OFFICE
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) 1355747	Report No.	
STREET ADDRESS [REDACTED]		<input checked="" type="checkbox"/> Amendment to Report No. 8 - Page 2 (explain below)	
CITY Torrance	STATE Ca	ZIP CODE 905047	

## 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
5/21/14	Chrisa Burroughs [REDACTED] Hermosa Beach, Ca 90254	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Labor Relations Manager M.L. Johnson & Associates	100.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

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**\*\*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: \_\_\_\_\_