

497 Contribution Report

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

RECEIVED

497 CONTRIBUTION REPORT

NAME OF FILER Torrance Firefighters PAC		Date of This Filing 05/15/2014	<p>2014 MAY 19 AM 11:34</p> <p>CITY OF TORRANCE CITY CLERK'S OFFICE</p> <p>CALIFORNIA FORM 497</p> <p>For Official Use Only</p>
AREA CODE/PHONE NUMBER	ID. NUMBER (if applicable) 890376	Report No. 050214-01	
STREET ADDRESS 1701 Crenshaw Blvd.		<input type="checkbox"/> Amendment to Report No.	
CITY Torrance	STATE CA	ZIP CODE 90501	
		No. of Pages	

1. Contributions 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
		<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

Reason for Amendment: _____

*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

FPPC Form 497 (March 2011)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

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2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER ID. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (# APPLICABLE)
05/02/2014	Torrance Voters PAC to support Pat Furey for Mayor 2014 3740 Santa Rosalia Dr., #208 Los Angeles, CA 90008 ID: 1363189		\$15,000.00	06/03/2014