## **497 Contribution Report**

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

Date Stamp

NAME OF FILER				Date of This Filing 06/01/2018		Date Stamp	CALIFORNIA 497	
	STATE ZIP CODE		ZIP CODE	This Filing		JUN 4 2018  City of Torrance City Clerk's Office	For Official Use Only	
1. Contributio	n(s) Received							
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBU' (IF COMMITTEE, ALSO ENTER LD NUMBER)			TOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)		AMOUNT RECEIVED
05/31/2018	Harris Construction 411 Via El Chico Redondo Beach, CA				☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC			150.00  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
Reason for Amend	dment:	8				*Contributor Codes IND – Individual COM – Recipient Cor OTH – Other (e.g., b PTY – Political Party SCC – Small Contribu	usiness ent	ity)