497 Contribution Report

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

497 CONTRIBUTION REPORT

NAME OF FILER		Date of This Filing 09/11/2014	Date Stamp	CALIFORNIA FORM 497
Morris for Assessor 2014			RECEIVED BY LOS ANGELES COUN	For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1357149	Report No. 091114morr	2014 SEP 12 AM 10: 34	
STREET ADDRESS		☐ Amendment to Report No. _____ (explain below)	CAMPAIGN FINANCE DISCLOSURE SECTION	
CITY STATE ZIP CODE		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
09/10/2014	R.W. Selby & Company, Inc.	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		1,500.00 ☐ 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: _____