497	Contribution	Report

Type or print in ink.

49/ Contribut	ion Report Am	ounts may be rounded to w	hole dollars.	497 C	ONTRIBUTION REPORT
NAME OF FILER Tomlinson for Ci AREA CODE/PHONE NU STREET ADDRESS CITY 1. Contribution	MBER I.D. NUMBER (# applicable) 1368738 STATE ZIP CODE	Date of This Filing Report No. 20 Amendme to Report No. (explain below) No. of Pages	nt CIT	TY OF Date Stamp POINT CALIFORNIA FOR FOR RECEIVED Y CLERK'S DEPARTMENT	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
09/12/2014	John A. Tomlinson		IND COM OTH PTY SCC IND OTH PTY SCC	Attorney John Tomlinson	6,000.00 Check if Loan Provide interest rate Check if Loan Provide interest rate
			IND COM OTH PTY SCC		☐ Check if Loan
Reason for Amendr	nent:			*Contributor Codes IND – Individual COM – Recipient Committee (oth OTH – Other (e.g., business ent PTY – Political Party SCC – Small Contributor Committee	tity)

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