

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER KUSUMOTO FOR CITY COUNCIL 2018		Date of This Filing 09/05/2018	Date Stamp RECEIVED OFFICE OF LOS ALAMITOS 12018 SEP -5 PM 3:01	CALIFORNIA FORM 497
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) 1409651	Report No. _____		For Official Use Only
STREET ADDRESS [REDACTED]		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY LOS ALAMITOS	STATE CA	ZIP CODE 90720	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
08/25/2018	WARREN KUSUMOTO [REDACTED] LOS ALAMITOS, CA 90720	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ENGINEER RAYTHEON CORP.	\$1500.00 <input checked="" type="checkbox"/> Check if Loan 0 % 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

****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: _____
