

**497 Contribution Report**

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

497 CONTRIBUTION REPORT

NAME OF FILER <b>CHITRA PERERA</b>		Date of This Filing 28/02/2011	<b>RECEIVED</b> FEB 28 P4 05 CITY CLERK CITY OF PASADENA	CALIFORNIA FORM <b>497</b> For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable)	Report No. <b>11</b>		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. (explain below)		
CITY <b>PASADENA</b>	STATE <b>CA</b>	ZIP CODE <b>91107</b>		

**1. Contribution(s) Received**

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
02/25/2011	RANIL PERERA, [REDACTED] PASADENA, CA 91107	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	COMPUTER CONSULTANT	3000.00 <input checked="" type="checkbox"/> Check if Loan NA % 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

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

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NAME OF FILER <b>CHITRA PERERA</b>		Date of This Filing <b>02/28/2011</b>	<p><b>RECEIVED</b> Date Stamp <b>11 FEB 28 P 4 05</b> <b>CITY CLERK CITY OF PASADENA</b></p>	<p><b>CALIFORNIA FORM 497</b> For Official Use Only</p>
ARRA CODE/ HOUR NUMBER [REDACTED]	I.D. NUMBER (if applicable) [REDACTED]	Report No. _____		
STREET ADDRESS [REDACTED]		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY <b>PASADENA</b>	STATE <b>CA</b>	ZIP CODE <b>91107</b>		
		No. of Pages _____		

**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 (IF APPLICABLE)
02/25/2011	RANIL PERERA, 2201 DOLORES STREET, PASADENA, CA 91107	RANIL PERERA, PASADENA CITY COUNCIL	3000.00	02/08/2011

Reason for Amendment: \_\_\_\_\_