

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

|  |   |
|--|---|
| Date Stamp<br><b>RECEIVED</b><br>2014 JUL 30 AM 10:00<br>CITY OF TORRANCE<br>CITY CLERK'S OFFICE | CALIFORNIA<br>2001/02<br>FORM<br><b>460</b> |
| Page <u>1</u> of <u>9</u>  | For District Use Only                       |

**ORIGINAL**

|   |  |
|---|--|
| Statement covers period<br>from <u>May 19, 2014</u><br>through <u>June 30, 2014</u> | Date of election if applicable:<br>(Month, Day, Year)<br><u>June 3, 2014</u> |
|---|--|

SEE INSTRUCTIONS ON REVERSE

**1. Type of Recipient Committee:** All Committees – Complete Parts 1, 2, 3, and 4.

- Officeholder, Candidate Controlled Committee
  - State Candidate Election Committee
  - Recall  
*(Also Complete Part 5)*
- General Purpose Committee
  - Sponsored
  - Small Contributor Committee
  - Political Party/Central Committee
- Ballot Measure Committee
  - Primarily Formed
  - Controlled
  - Sponsored  
*(Also Complete Part 6)*
- Primarily Formed Candidate/Officeholder Committee  
*(Also Complete Part 7)*

**2. Type of Statement:**

- Preelection Statement
- Semi-annual Statement
- Termination Statement
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement - Attach Form 495

**3. Committee Information**

I.D. NUMBER  
**1359001**

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

**Tom Brewer for Mayor 2014**

STREET ADDRESS (NO P.O. BOX)

|                 |           |              |                 |
|-----------------|-----------|--------------|-----------------|
| CITY            | STATE     | ZIP CODE     | AREA CODE/PHONE |
| <b>Torrance</b> | <b>CA</b> | <b>90505</b> |                 |

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

|      |       |          |                 |
|------|-------|----------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|------|-------|----------|-----------------|

OPTIONAL: FAX / E-MAIL ADDRESS

**Treasurer(s)**

NAME OF TREASURER

**Tom Brewer**

MAILING ADDRESS

|                 |           |              |                 |
|-----------------|-----------|--------------|-----------------|
| CITY            | STATE     | ZIP CODE     | AREA CODE/PHONE |
| <b>Torrance</b> | <b>CA</b> | <b>90505</b> |                 |

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

|      |       |          |                 |
|------|-------|----------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|------|-------|----------|-----------------|

OPTIONAL: FAX / E-MAIL ADDRESS

**4. Verification**

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information furnished in this statement and the schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on July 26, 2014  
Date

By \_\_\_\_\_  
Signature

Executed on July 26, 2014  
Date

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on \_\_\_\_\_  
Date

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on \_\_\_\_\_  
Date

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee  
Campaign Statement  
Cover Page — Part 2**

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA  
FORM **460**

Page 2 of 9

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE

Tom Brewer

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Mayor, City of Torrance

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

██████████ Torrance, CA 90505

**Related Committees Not Included in this Statement:** *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME I.D. NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE?

YES  NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME I.D. NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE?

YES  NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

**6. Ballot Measure Committee**

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER JURISDICTION

SUPPORT  
 OPPOSE

**Identify the controlling officeholder, candidate, or state measure proponent, if any.**

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY

**7. Primarily Formed Committee** *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

SUPPORT  
 OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

SUPPORT  
 OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

SUPPORT  
 OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

SUPPORT  
 OPPOSE

*Attach continuation sheets if necessary*

**Campaign Disclosure Statement  
Summary Page**

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

SUMMARY PAGE

|   |                                |
|---|--------------------------------|
| Statement covers period<br>from <u>May 19, 2014</u><br>through <u>June 30, 2014</u> | <b>CALIFORNIA<br/>FORM 460</b> |
|   | Page <u>3</u> of <u>9</u>      |
|   | I.D. NUMBER<br>1359001         |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Tom Brewer for Mayor 2014

**Contributions Received**

|   | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|---|--|--|
| 1. Monetary Contributions ..... Schedule A, Line 3    | \$ 2955.00   | \$ 19212.00                                |
| 2. Loans Received ..... Schedule B, Line 3            | 0  | 0  |
| 3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2  | \$ 2955.00   | \$ 19212.00                                |
| 4. Nonmonetary Contributions ..... Schedule C, Line 3 | 950.00   | 1250.00                                    |
| 5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4 | \$ 3905.00   | \$ 20462.00                                |

**Calendar Year Summary for Candidates  
Running in Both the State Primary and  
General Elections**

|                            | 1/1 through 6/30 | 7/1 to Date |
|----------------------------|------------------|-------------|
| 20. Contributions Received | \$ _____         | \$ _____    |
| 21. Expenditures Made      | \$ _____         | \$ _____    |

**Expenditures Made**

|   | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|---|--|--|
| 6. Payments Made ..... Schedule E, Line 4                   | \$ 13782.86  | \$ 40464.01                                |
| 7. Loans Made ..... Schedule H, Line 3                      | 0  | 0  |
| 8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7             | \$ 13782.00  | \$ 40464.01                                |
| 9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3 | 0  | 0  |
| 10. Nonmonetary Adjustment ..... Schedule C, Line 3         | 0  | 0  |
| 11. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10      | \$ 13782.00  | \$ 40464.01                                |

**Expenditure Limit Summary for State  
Candidates**

**22. Cumulative Expenditures Made\***  
(If Subject to Voluntary Expenditure Limit)

| Date of Election<br>(mm/dd/yy) | Total to Date |
|--------------------------------|---------------|
| ____/____/____                 | \$ _____      |
| ____/____/____                 | \$ _____      |
| ____/____/____                 | \$ _____      |
| ____/____/____                 | \$ _____      |
| ____/____/____                 | \$ _____      |

**Current Cash Statement**

|   |             |
|---|-------------|
| 12. Beginning Cash Balance ..... Previous Summary Page, Line 16             | \$ 11873.82 |
| 13. Cash Receipts ..... Column A, Line 3 above                              | 2955.00     |
| 14. Miscellaneous Increases to Cash ..... Schedule I, Line 4                | 950.00      |
| 15. Cash Payments ..... Column A, Line 8 above                              | 13782.86    |
| 16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15 | \$ 2595.96  |

If this is a termination statement, Line 16 must be zero.

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

|   |      |
|---|------|
| 17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 2 | \$ 0 |
|---|------|

**Cash Equivalents and Outstanding Debts**

|   |      |
|---|------|
| 18. Cash Equivalents ..... See instructions on reverse            | \$ 0 |
| 19. Outstanding Debts ..... Add Line 2 + Line 9 in Column B above | \$ 0 |

\*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

**Schedule A  
Monetary Contributions Received**

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

SCHEDULE A

|   |                            |
|---|----------------------------|
| Statement covers period<br>from <u>May 19, 2014</u><br>through <u>June 30, 2014</u> | <b>CALIFORNIA FORM 460</b> |
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Tom Brewer for Mayor 2014

I.D. NUMBER

1359001

| DATE RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 5/22/14            | Robert Virtue<br>[REDACTED]<br>Rolling Hills, CA 90274  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | President<br>Virco Manufacturing  | 500.00                      | 500.00   | 500.00                                |
| 5/22/14            | Leo Fong<br>[REDACTED]<br>Lomita, CA 90717  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Sales Manager<br>QuinStar Technology  | 100.00                      | 100.00   | 100.00                                |
| 5/22/14            | QuinStar Technology<br>24085 Garnier St.<br>Torrance, CA 90505                                  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | 500.00                      | 500.00   | 500.00                                |
| 5/31/14            | South Bay Cooperative, Inc.<br>2129 West Rosecrans Ave.<br>Gardena, CA 90249                    | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | 250.00                      | 250.00   | 250.00                                |
| 5/31/14            | Yellow Cab of South Bay Cooperative, Inc.<br>2129 West Rosecrans Ave.<br>Gardena, CA 90249      | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | 250.00                      | 250.00   | 250.00                                |
| <b>SUBTOTAL \$</b> |   |   |   | 1600.00                     |  |                                       |

**Schedule A Summary**

- Amount received this period – contributions of \$100 or more.  
(Include all Schedule A subtotals.) ..... \$ 2850.00
- Amount received this period – unitemized contributions of less than \$100 ..... \$ 105.00
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 2955.00

\*Contributor Codes  
IND – Individual  
COM – Recipient Committee  
(other than PTY or SCC)  
OTH – Other  
PTY – Political Party  
SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

|   |                                |
|---|--------------------------------|
| Statement covers period<br>from <u>May 19, 2014</u><br>through <u>June 30, 2014</u> | <b>CALIFORNIA<br/>FORM 460</b> |
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|   |                               |
|---|-------------------------------|
| NAME OF FILER<br><b>Tom Brewer for Mayor 2014</b> | I.D. NUMBER<br><b>1359001</b> |
|---|-------------------------------|

| DATE RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 6/1/14             | Mark Rampolla<br>[REDACTED]<br>Redondo Beach, CA 90277  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Self-employed<br>Strategic Advisor  | 1000.00                     | 1000.00  | 1000.00                               |
| 6/9/14             | Samiyatex<br>13003 So. Figueroa St.<br>Los Angeles, CA 90061                                    | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | 250.00                      | 250.00   | 250.00                                |
|                    |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                             |  |                                       |
|                    |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                             |  |                                       |
|                    |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                             |  |                                       |
| <b>SUBTOTAL \$</b> |   |   |   | <b>1250.00</b>              |  |                                       |

\*Contributor Codes  
 IND – Individual  
 COM – Recipient Committee  
       (other than PTY or SCC)  
 OTH – Other  
 PTY – Political Party  
 SCC – Small Contributor Committee

**Schedule B – Part 1  
Loans Received**

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

|   |                            |
|---|----------------------------|
| Statement covers period<br>from <u>May 19, 2014</u><br>through <u>June 30, 2014</u> | <b>CALIFORNIA FORM 460</b> |
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Tom Brewer for Mayor 2014

I.D. NUMBER

1359001

| FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | (a)<br>OUTSTANDING BALANCE BEGINNING THIS PERIOD | (b)<br>AMOUNT RECEIVED THIS PERIOD | (c)<br>AMOUNT PAID OR FORGIVEN THIS PERIOD *   | (d)<br>OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | (e)<br>INTEREST PAID THIS PERIOD | (f)<br>ORIGINAL AMOUNT OF LOAN         | (g)<br>CUMULATIVE CONTRIBUTIONS TO DATE                       |
|---|---|--|------------------------------------|--|--|----------------------------------|--|---|
| Tom Brewer<br>[REDACTED]<br>Torrance, CA 90505<br><br>† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Laboratory Scientist<br>UCLA Medical Center   | \$ 25000.00                                      | \$ 0                               | <input type="checkbox"/> PAID<br>\$ _____<br><input type="checkbox"/> FORGIVEN<br>\$ _____ | \$ 25000.00<br><br>DATE DUE _____                  | _____%<br>RATE<br>\$ _____       | \$ 25000.00<br><br>DATE INCURRED _____ | CALENDAR YEAR _____<br>PER ELECTION**<br>25000.00<br>\$ _____ |
| † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC  |   | \$ _____   | \$ _____                           | <input type="checkbox"/> PAID<br>\$ _____<br><input type="checkbox"/> FORGIVEN<br>\$ _____ | \$ _____<br><br>DATE DUE _____                     | _____%<br>RATE<br>\$ _____       | \$ _____<br><br>DATE INCURRED _____    | CALENDAR YEAR _____<br>PER ELECTION**<br>\$ _____             |
| † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC  |   | \$ _____   | \$ _____                           | <input type="checkbox"/> PAID<br>\$ _____<br><input type="checkbox"/> FORGIVEN<br>\$ _____ | \$ _____<br><br>DATE DUE _____                     | _____%<br>RATE<br>\$ _____       | \$ _____<br><br>DATE INCURRED _____    | CALENDAR YEAR _____<br>PER ELECTION**<br>\$ _____             |
| <b>SUBTOTALS \$</b>   |   |  |                                    |  | <b>\$ 25000.00 \$</b>                              |                                  |  |   |

**Schedule B Summary**

1. Loans received this period ..... \$ 0  
(Total Column (b) plus unitemized loans less than \$100.)
2. Loans paid or forgiven this period ..... \$ 0  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)
3. Net change this period. (Subtract Line 2 from Line 1.) ..... **NET \$** 0  
Enter the net here and on the Summary Page, Column A, Line 2. (May be a negative number)

(Enter (e) on  
Schedule E, Line 3)

\*Amounts forgiven or paid by another party also must be reported on Schedule A.  
  
\*\* If required.

† Contributor Codes  
IND – Individual    COM – Recipient Committee (other than PTY or SCC)    OTH – Other    PTY – Political Party    SCC – Small Contributor Committee

**Schedule C  
Nonmonetary Contributions Received**

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

SCHEDULE C

|   |                                |
|---|--------------------------------|
| Statement covers period<br>from <u>May 19, 2014</u><br>through <u>June 30, 2014</u> | <b>CALIFORNIA<br/>FORM 460</b> |
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SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Tom Brewer for Mayor 2014

I.D. NUMBER  
1359001

| 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) | DESCRIPTION OF GOODS OR SERVICES | AMOUNT/ FAIR MARKET VALUE | CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------|--|---|--|----------------------------------|---------------------------|---|------------------------------------|
| 6/3/14        | Double Tree Hotel<br>21533 Hawthorne Bl.<br>Torrance, CA 90505                               | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | Food for party                   | 950.00                    | 950.00  | 950.00                             |
|               |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |  |                                  |                           |   |                                    |
|               |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |  |                                  |                           |   |                                    |
|               |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |  |                                  |                           |   |                                    |

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL \$ 950.00**

**Schedule C Summary**

|  |                 |        |
|--|-----------------|--------|
| 1. Amount received this period – nonmonetary contributions of \$100 or more.<br>(Include all Schedule C subtotals.) .....                            | \$              | 950.00 |
| 2. Amount received this period – unitemized nonmonetary contributions of less than \$100 .....   | \$              | 0      |
| 3. Total nonmonetary contributions received this period.<br>(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... | <b>TOTAL \$</b> | 950.00 |

\*Contributor Codes  
IND – Individual  
COM – Recipient Committee  
(other than PTY or SCC)  
OTH – Other  
PTY – Political Party  
SCC – Small Contributor Committee

**Schedule E  
Payments Made**

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

SCHEDULE E

|                           |               |                                |
|---------------------------|---------------|--------------------------------|
| Statement covers period   |               | <b>CALIFORNIA<br/>FORM 460</b> |
| from                      | May 19, 2014  |                                |
| through                   | June 30, 2014 | Page <u>8</u> of <u>9</u>      |
| NAME OF FILER             |               | I.D. NUMBER                    |
| Tom Brewer for Mayor 2014 |               | 1359001                        |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Tom Brewer for Mayor 2014

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

|     |   |     |   |     |   |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc.                                  | MBR | member communications                     | RAD | radio airtime and production costs                        |
| CNS | campaign consultants  | MTG | meetings and appearances                  | RFD | returned contributions                                    |
| CTB | contribution (explain nonmonetary)*                           | OFC | office expenses                           | SAL | campaign workers' salaries                                |
| CVC | civic donations   | PET | petition circulating                      | TEL | t.v. or cable airtime and production costs                |
| FIL | candidate filing/ballot fees                                  | PHO | phone banks                               | TRC | candidate travel, lodging, and meals                      |
| FND | fundraising events  | POL | polling and survey research               | TRS | staff/spouse travel, lodging, and meals                   |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services  | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense   | PRO | professional services (legal, accounting) | VOT | voter registration  |
| LIT | campaign literature and mailings                              | PRT | print ads                                 | WEB | information technology costs (internet, e-mail)           |

| NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)          | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|--|------|----|------------------------|-------------|
| The Sammarco Group<br>2304 Mathews Ave. - Suite 4<br>Redondo Beach, CA 90278 | LIT  |    |                        | 9196.00     |
| The Daily Breeze<br>21250 Hawthorne Bl.<br>Torrance, CA 90505                | LIT  |    |                        | 315.00      |
| Double Tree Hotel<br>21533 Hawthorne Bl.<br>Torrance, CA 90505               |      |    | Food for party         | 500.00      |

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$ 10011.00**

**Schedule E Summary**

|  |                 |                 |
|--|-----------------|-----------------|
| 1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) .....                                 | \$              | 13700.00        |
| 2. Unitemized payments made this period of under \$100 .....   | \$              | 82.86           |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) .....                   | \$              | 0               |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... | <b>TOTAL \$</b> | <b>13782.86</b> |

**Schedule E  
(Continuation Sheet)  
Payments Made**

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

|                           |               |                                |
|---------------------------|---------------|--------------------------------|
| Statement covers period   |               | <b>CALIFORNIA<br/>FORM 460</b> |
| from                      | May 19, 2014  |                                |
| through                   | June 30, 2014 | Page <u>9</u> of <u>9</u>      |
| NAME OF FILER             |               | I.D. NUMBER                    |
| Tom Brewer for Mayor 2014 |               | 1359001                        |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- |   |   |   |
|---|---|---|
| CMP campaign paraphernalia/misc.                                  | MBR member communications                     | RAD radio airtime and production costs                        |
| CNS campaign consultants  | MTG meetings and appearances                  | RFD returned contributions                                    |
| CTB contribution (explain nonmonetary)*                           | OFC office expenses                           | SAL campaign workers' salaries                                |
| CVC civic donations   | PET petition circulating                      | TEL t.v. or cable airtime and production costs                |
| FIL candidate filing/ballot fees                                  | PHO phone banks                               | TRC candidate travel, lodging, and meals                      |
| FND fundraising events  | POL polling and survey research               | TRS staff/spouse travel, lodging, and meals                   |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services  | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense   | PRO professional services (legal, accounting) | VOT voter registration  |
| LIT campaign literature and mailings                              | PRT print ads                                 | WEB information technology costs (internet, e-mail)           |

| NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)                           | CODE | OR | DESCRIPTION OF PAYMENT      | AMOUNT PAID |
|---|------|----|-----------------------------|-------------|
| California Republican Taxpayers Association<br>1130 Fremont Bl. #105-115<br>Seaside, CA 93955 | LIT  |    |                             | 500.00      |
| The Sammarco Group<br>2304 Mathews Ave. - Suite 4<br>Redondo Beach, CA 90278                  |      |    | Phone calls and email blast | 3189.00     |
|   |      |    |                             |             |
|   |      |    |                             |             |
|   |      |    |                             |             |

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$ 3689.00**