Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

SEE INSTRUCTIONS ON REVERSE

Statement covers period from 01/01/2014 through 03/17/2014

Date of election if applicable: (Month, Day, Year) 06/03/2014

Date Stamp: RECEIVED 2015 AUG 24 AM 9:11 CITY OF TORRANCE CLERK'S OFFICE

COVER PAGE

CALIFORNIA FORM 460

Page 1 of 2

For Official Use Only

ORIGINAL

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

- [x] Officeholder, Candidate Controlled Committee
  - ◯ State Candidate Election Committee
  - ◯ Recall *(Also Complete Part 5)*
- [ ] General Purpose Committee
  - ◯ Sponsored
  - ◯ Small Contributor Committee
  - ◯ Political Party/Central Committee
- [ ] Primarily Formed Ballot Measure Committee
  - ◯ 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 (Also file a Form 410 Termination)
- [x] Amendment (Explain below)
- [ ] Quarterly Statement
- [ ] Special Odd-Year Report
- [ ] Supplemental Preelection Statement - Attach Form 495

Submission of Schedule G listing sub-contractors

3. Committee Information

I.D. NUMBER: 1355747

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE): Pat Furey for Mayor 2014

STREET ADDRESS (NO P.O. BOX): [redacted]

CITY: Torrance STATE: Ca ZIP CODE: 90504 AREA CODE/PHONE: [redacted]

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX: PO Box 6101

CITY: Torrance STATE: Ca ZIP CODE: 90504 AREA CODE/PHONE: [redacted]

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER: Patrick J. Furey

MAILING ADDRESS: PO Box 6101

CITY: Torrance STATE: Ca ZIP CODE: 90504 AREA CODE/PHONE: [redacted]

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 th[redacted]and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is tru[redacted]

Executed on 08/24/2015 (Date) By [redacted]urer

Executed on 08/24/2015 (Date) By [redacted]t or Responsible Officer of Sponsor

Executed on _____ (Date) By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _____ (Date) By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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

SCHEDULE G

CALIFORNIA FORM **460**

Statement covers period
from 01/01/2014
through 03/17/2014

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Patrick J. Furey

I.D. NUMBER: 1355747

NAME OF AGENT OR INDEPENDENT CONTRACTOR

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
	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
	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)

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
S & S Printers 2100 West Lincoln Avenue Anaheim, Ca 92801	LIT	Remits	316.10
Jeff Taylor Graffics 2633 Lincoln Blvd., Ste. 837 Santa Monica, Ca 90405	LIT	Graffic Design on Time Line Mailer	1,000.00
S & S Printers 2100 West Lincoln Avenue Anaheim, Ca 92801	LIT	Printing Time Line Mailer	3,084.70

Attach additional information on appropriately labeled continuation sheets.

TOTAL* $ 4,400.80

** Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.*