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 03/18/2014 through 05/17/2014

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

Date Stamp: RECEIVED 2014 NOV 26 AM 9:29 CITY OF TORRANCE CITY CLERK'S OFFICE

COVER PAGE

CALIFORNIA FORM 460

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:

- [x] 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

Correction of Date on Cover Page (page 1) and

Schedule A (page 7) Contributor Codes

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

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX: [redacted]

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

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER: Patrick J. Furey

MAILING ADDRESS: [redacted]

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

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
[redacted]			

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the bes[redacted]e attached 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[redacted]

Executed on ~~5/20/2014~~ 11/26/14 Date — By [redacted]

Executed on ~~5/20/2014~~ 11/26/14 Date — By [redacted]sible 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 A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 03/18/2014
through 05/17/2014

CALIFORNIA FORM 460

NAME OF FILER
Patrick J. Furey

I.D. NUMBER
1355747

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
4/06/14	Mediha M. Din [redacted] Gardena, Ca 90248	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Professor El Camino College	1,000.00		1,000.00
4/07/14	Donna Rizzo [redacted] Torrance, Ca 90503	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	100.00		250.00
4/09/14	Phenomenex 411 Madrid Avenue Torrance, Ca 90501	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		1,000.00		1,000.00
4/10/14	Westside Sports Cards & Memorabilla 1431 Santa Monica Boulevard Santa Monica, Ca 90404	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		100.00		100.00
4/14/14	Tracey Dunn [redacted] Torrance, Ca 90504	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Unemployed	100.00		100.00
			SUBTOTAL $	2,300.00		

*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