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 07/01/2013 through 12/31/2013

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

Date Stamp: RECEIVED 2015 AUG 24 AM 9:1 CITY OF TORRANCE CLERK'S OFFICE

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 the best o[redacted]ached 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 c[redacted]

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

Executed on 08/24/2015 (Date) By [redacted] 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 07/01/2013
through 12/31/2013

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 Ave. Anaheim, Ca 92801	LIT	Stationary and Envelopes	326.25
Copyland 11717 West Pico Blvd., Los Angeles, Ca 90064	CMP	West High School Banner	150.00
S & S Printers 2100 West Lincoln Ave. Anaheim, Ca 92801	LIT	Campaign Business Cards	109.00
Facebook	WEB	Social Media Ad Campaign	100.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* $ 685.25

** 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.*