

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp  RECEIVED 2016 MAR 16 AM 10:22 CITY OF TORRANCE CLERK'S OFFICE	CALIFORNIA FORM <b>460</b>	
	Page <u>1</u> of <u>3</u>	For Official Use Only

Statement covers period from <u>03/18/2014</u> through <u>05/18/2014</u>	Date of election if applicable: (Month, Day, Year) <u>06/03/2014</u>
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SEE INSTRUCTIONS ON REVERSE

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

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee<br><input type="checkbox"/> State Candidate Election Committee<br><input type="checkbox"/> Recall<br><i>(Also Complete Part 5)</i> | <input type="checkbox"/> Primarily Formed Ballot Measure Committee<br><input type="checkbox"/> Controlled<br><input type="checkbox"/> Sponsored<br><i>(Also Complete Part 6)</i> |
| <input type="checkbox"/> General Purpose Committee<br><input type="checkbox"/> Sponsored<br><input type="checkbox"/> Small Contributor Committee<br><input type="checkbox"/> Political Party/Central Committee      | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee<br><i>(Also Complete Part 7)</i>  |

**2. Type of Statement:**

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Preelection Statement<br><input type="checkbox"/> Semi-annual Statement<br><input type="checkbox"/> Termination Statement<br><i>(Also file a Form 410 Termination)</i><br><input checked="" type="checkbox"/> Amendment (Explain below)<br><u>Summary Page Amended</u><br><u>Schedule C Amended</u> | <input type="checkbox"/> Quarterly Statement<br><input type="checkbox"/> Special Odd-Year Report<br><input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
|---|---|

**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 <u>Torrance</u>	STATE <u>Ca</u>	ZIP CODE <u>90504</u>	AREA CODE/PHONE <u>[REDACTED]</u>
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MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX  
PO Box 6101

CITY <u>Torrance</u>	STATE <u>Ca</u>	ZIP CODE <u>90504</u>	AREA CODE/PHONE <u>[REDACTED]</u>
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OPTIONAL: FAX / E-MAIL ADDRESS

**Treasurer(s)**

NAME OF TREASURER  
Patrick J. Furey

MAILING ADDRESS  
[REDACTED]

CITY <u>Torrance</u>	STATE <u>Ca</u>	ZIP CODE <u>90504</u>	AREA CODE/PHONE <u>[REDACTED]</u>
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NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY <u>[REDACTED]</u>	STATE	ZIP CODE	AREA CODE/PHONE
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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 contained herein 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 true and correct.

Executed on 3/15/2016  
Date

Executed on 3/15/2016  
Date

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

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

By [REDACTED]  
Signature of Treasurer or Assistant Treasurer

By [REDACTED]  
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

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

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

# Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

Statement covers period from 03/18/2014 through 05/18/2014	<b>CALIFORNIA FORM 460</b>
	Page 2 of 3
	I.D. NUMBER 1355747

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Patrick J. Furey

## Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions ..... Schedule A, Line 3	\$ 9,887.50	\$ 53,333.50
2. Loans Received ..... Schedule B, Line 3	0	30,000.00
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2	\$ 9,887.50	\$ 83,333.50
4. Nonmonetary Contributions ..... Schedule C, Line 3	35,544.84	37,524.84
5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4	\$ 45,432.34	\$ 120,858.84

## 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	Column B
6. Payments Made ..... Schedule E, Line 4	\$ 25723.84	\$ 60949.89
7. Loans Made ..... Schedule H, Line 3	0	0
8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7	\$ 25723.84	\$ 60949.89
9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3	750.00	750.00
10. Nonmonetary Adjustment ..... Schedule C, Line 3	35,544.84	37,524.84
11. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10	\$ 62,018.84	\$ 99,224.73

## Expenditure Limit Summary for State Candidates

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

Date of Election (mm/dd/yy)	Total to Date
____/____/____	\$ _____
____/____/____	\$ _____

## Current Cash Statement

12. Beginning Cash Balance ..... Previous Summary Page, Line 16	\$ 38,219.95
13. Cash Receipts ..... Column A, Line 3 above	9887.50
14. Miscellaneous Increases to Cash ..... Schedule I, Line 4	2038.00
15. Cash Payments ..... Column A, Line 8 above	25723.84
16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ 24421.61

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

17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 2	\$ 0
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## 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	\$ 30,000.00

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).

\*Amounts in this section may be different from amounts reported in Column B.

**Schedule C  
Nonmonetary Contributions Received**

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

SCHEDULE C

Statement covers period from 03/18/2014 through 05/18/2014		<b>CALIFORNIA FORM 460</b>
Page 3 of 3		
I.D. NUMBER 1355747		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Patrick J. Furey

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)
05/15/14	Johnathan Kaji Kaji & Associates [REDACTED] Gardena, Ca 90248	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Principal  Kaji & Associates	Food & Beverage  Fundraiser	370.84	370.84	
05/13/14	Torrance Voters PAC to Support Pat Furey for Mayor 2014 Los Angeles, Ca 90008 ID #1363189	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Billboard, lawnsigns and various campaign communications	14,951.00	35,174.00	
05/17/14	Torrance Voters PAC to Support Pat Furey for Mayor 2014 Los Angeles, Ca 90008 ID #1363189	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Billboard, lawnsigns and various campaign communications	20,223.00	35.174.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
					<b>SUBTOTAL \$</b>	35,544.84	

Attach additional information on appropriately labeled continuation sheets.

**Schedule C Summary**

1. Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.) .....	\$	35,544.84
2. Amount received this period – unitemized nonmonetary contributions of less than \$100 .....	\$	0
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) .....	<b>TOTAL \$</b>	35,544.84

\*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