Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

CALIFORNIA FORM **460**

Date Stamp

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CITY OF TORRANCE
CITY CLERK'S OFFICE

Page 1 of 17

For Official Use Only

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

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
- [X] Semi-annual Statement
- [ ] Termination Statement (Also file a Form 410 Termination)
- [ ] Amendment (Explain below)
- [ ] Quarterly Statement
- [ ] Special Odd-Year Report
- [ ] Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER: 1355944

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
TIM GOODRICH FOR TORRANCE CITY COUNCIL 2014

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Torrance	CA	90503	[redacted]

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS
[redacted]

Treasurer(s)

NAME OF TREASURER
TIM GOODRICH

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

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 co[redacted]

Executed on 05/22/2014 (Date) By [redacted]

Executed on 05/22/2014 (Date) By [redacted]
Signature of Controlling Officeholder, Candidate, State Measure Proponent 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

Recipient Committee Campaign Statement Cover Page — Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA FORM **460**

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Tim Goodrich

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

City Council Member: Torrance

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP
16700 YUKON AVE #222	Torrance	CA	90504

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. Primarily Formed 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 Candidate/Officeholder 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

CALIFORNIA FORM **460**

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

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: TIM GOODRICH FOR TORRANCE CITY COUNCIL 2014

I.D. NUMBER: 1355944

Contributions Received

		Column A (TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES))	Column B (CALENDAR YEAR TOTAL TO DATE)
1. Monetary Contributions	*Schedule A, Line 3*	$ 11,457.00	$ 25,449.00
2. Loans Received	*Schedule B, Line 3*	0.00	30,000.00
3. SUBTOTAL CASH CONTRIBUTIONS	*Add Lines 1 + 2*	$ 11,457.00	$ 55,449.00
4. Nonmonetary Contributions	*Schedule C, Line 3*	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED	*Add Lines 3 + 4*	$ 11,457.00	$ 55,449.00

Expenditures Made

6. Payments Made	*Schedule E, Line 4*	$ 43,300.87	$ 51,454.00
7. Loans Made	*Schedule H, Line 3*	0.00	0.00
8. SUBTOTAL CASH PAYMENTS	*Add Lines 6 + 7*	$ 43,300.87	$ 51,454.00
9. Accrued Expenses (Unpaid Bills)	*Schedule F, Line 3*	0.00	0.00
10. Nonmonetary Adjustment	*Schedule C, Line 3*	0.00	0.00
11. TOTAL EXPENDITURES MADE	*Add Lines 8 + 9 + 10*	$ 43,300.87	$ 51,454.00

Current Cash Statement

12. Beginning Cash Balance	*Previous Summary Page, Line 16*	$ 78,274.35
13. Cash Receipts	*Column A, Line 3 above*	11,457.00
14. Miscellaneous Increases to Cash	*Schedule I, Line 4*	2,044.00
15. Cash Payments	*Column A, Line 8 above*	43,300.87
16. **ENDING CASH BALANCE**	*Add Lines 12 + 13 + 14, then subtract Line 15*	$ 48,474.48

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

17. LOAN GUARANTEES RECEIVED — *Schedule B, Part 2* — $ 0.00

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	*See instructions on reverse*	$ 0.00
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).

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	$	$

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
/ /	$
/ /	$

*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
CALIFORNIA FORM **460**

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

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
TIM GOODRICH FOR TORRANCE CITY COUNCIL 2014

I.D. NUMBER
1355944

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)
03/21/2014	James Lau [redacted] Pasadena, CA 91105	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Director Children and Families Commission	250.00	250.00	P2014 $500.00
03/22/2014	Paul Dumont [redacted] Los Angeles, CA 91606	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Housing Advocate The Sober Living Network	100.00	100.00	P2014 $100.00
03/22/2014	Law Offices of Michael Millman 2100 Sawtelle Blvd Los Angeles, CA 90025	[ ] IND [ ] COM [X] OTH [ ] PTY [ ] SCC		150.00	150.00	P2014 $150.00
03/22/2014	Bill Rosendahl [redacted] Los Angeles, CA 90066	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Retired Retired	500.00	500.00	P2014 $500.00
03/22/2014	Betty Yee [redacted] Sacramento, CA 95814	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Member, First District Board of Equalization	100.00	100.00	P2014 $100.00
			SUBTOTAL $	1,100.00		

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) ..... $ 6,849.00
2. Amount received this period – unitemized monetary contributions of less than $100 ..... $ 4,608.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL $** 11,457.00

*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

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
TIM GOODRICH FOR TORRANCE CITY COUNCIL 2014

I.D. NUMBER
1355944

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)
04/08/2014	Adam Berkowitz [redacted] Beverly Hills, CA 90209	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Consultant Self Employed	100.00	100.00	P2014 $100.00
04/09/2014	Frank Corbett [redacted] Redondo Beach, CA 90277	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Contractor Self	100.00	100.00	P2014 $100.00
04/09/2014	Kevin Mc Keown [redacted] Santa Monica, CA 90403	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	CITY COUNCILMEMBER CITY OF SANTA MONICA	100.00	126.00	P2014 $126.00
04/09/2014	Kevin Mc Keown [redacted] Santa Monica, CA 90403	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	CITY COUNCILMEMBER CITY OF SANTA MONICA	26.00	126.00	P2014 $126.00
04/11/2014	Mimi Kennedy [redacted] Los Angeles, CA 91436	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Actress Hollygreen Productions	100.00	100.00	P2014 $100.00
			SUBTOTAL $	426.00		

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IND – Individual
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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
TIM GOODRICH FOR TORRANCE CITY COUNCIL 2014

I.D. NUMBER
1355944

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04/16/2014	Dan Delp [redacted] Torrance, CA 90505	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Retired Retired	50.00	249.00	P2014 $449.00
04/16/2014	Jill Nandan [redacted] Torrance, CA 90504	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Medical Technician Marina Del Rey Hospital	100.00	100.00	P2014 $100.00
04/23/2014	Jane Bright [redacted] Thousand Oaks, CA 91320	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Human Resources Consultant Self	100.00	100.00	P2014 $100.00
04/23/2014	Fred's Carpets Plus 2153 Torrance Blvd. Torrance, CA 90501	[ ] IND [ ] COM [X] OTH [ ] PTY [ ] SCC		300.00	300.00	P2014 $500.00
04/23/2014	Joe Goodman [redacted] Los Angeles, CA 90035	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	MD Self	100.00	100.00	P2014 $100.00
			SUBTOTAL $	650.00		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)

CALIFORNIA FORM **460**

Statement covers period
from 03/18/2014
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04/23/2014	Lou Greenbaum [redacted] Redondo Beach, CA 90277	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Retired Retired	100.00	100.00	P2014 $200.00
04/23/2014	Herman Pettegrove [redacted] Los Angeles, CA 90291	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Attorney Self	100.00	200.00	P2014 $200.00
04/30/2014	Jonathan Beutler [redacted] Torrance, CA 90501	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Global Public Affairs Advisor Sunrider International	750.00	750.00	P2014 $1,000.00
05/01/2014	Los Angeles League Of Conservation Voters (ID# 810317) PO Box 2173 Arcadia, CA 91077	[ ] IND [X] COM [ ] OTH [ ] PTY [ ] SCC		1,000.00	1,000.00	P2014 $1,000.00
05/01/2014	Andy Okun [redacted] Los Angeles, CA 90066	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Principal The Watermark Group	250.00	250.00	P2014 $250.00
			SUBTOTAL $	2,200.00		

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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
TIM GOODRICH FOR TORRANCE CITY COUNCIL 2014

I.D. NUMBER
1355944

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)
05/03/2014	maricela guzman [redacted] Pasadena, CA 91104	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Program Analyst VA	200.00	200.00	P2014 $300.00
05/07/2014	Michael Donnelly [redacted] Salem, OR 97301	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	PRESIDENT PAHTOO MUSIC LLC	100.00	100.00	P2014 $199.00
05/07/2014	Rob Van Lingen [redacted] Torrance, CA 90505	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Business Owner Van Lingen Body Shop	250.00	250.00	P2014 $500.00
05/08/2014	Fred A Glienna [redacted] South Pasadena, CA 91031	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Retired Retired	250.00	250.00	P2014 $500.00
05/13/2014	Torrance Area Chamber of Commerce Political Action Committee (ID# 1267028) 3400 Torrance Blvd Torrance, CA 90503	[ ] IND [X] COM [ ] OTH [ ] PTY [ ] SCC		500.00	500.00	P2014 $500.00
			SUBTOTAL $	1,300.00		

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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
TIM GOODRICH FOR TORRANCE CITY COUNCIL 2014

I.D. NUMBER
1355944

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)
05/15/2014	Dan Delp [redacted] Torrance, CA 90505	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Retired Retired	99.00	249.00	P2014 $449.00
05/15/2014	Russell Lefevre [redacted] Redondo Beach, CA 90277	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Engineer Self	99.00	198.00	P2014 $397.00
05/15/2014	Pam Popovich [redacted] Redondo Beach, CA 90277	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Retired Retired	100.00	100.00	P2014 $200.00
05/16/2014	Aris Anagnos [redacted] Los Angeles, CA 90048	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Retired None	200.00	200.00	P2014 $700.00
05/16/2014	Marilyn Greer [redacted] Torrance, CA 90501	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Owner RGM LLC	100.00	100.00	P2014 $100.00
			SUBTOTAL $	598.00		

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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
from 03/18/2014
through 05/17/2014

CALIFORNIA FORM 460

NAME OF FILER
TIM GOODRICH FOR TORRANCE CITY COUNCIL 2014

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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)
05/16/2014	South Bay Cooperative, Inc dba United Checker, Inc. 2129 W Rosecrans Ave Gardena, CA 90249	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		250.00	250.00	P2014 $250.00
05/16/2014	Yellow Cab of South Bay Cooperative, Inc. 2129 W Rosecrans Ave Gardena, CA 90249	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		250.00	250.00	P2014 $250.00
05/17/2014	Marianne Tyler [redacted] Los Angeles, CA 90293	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Self Researcher for the Entertainment Industry	75.00	115.00	P2014 $314.00
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
				SUBTOTAL $ 575.00		

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IND – Individual
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Schedule B – Part 1
Loans Received

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

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

CALIFORNIA FORM **460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
TIM GOODRICH FOR TORRANCE CITY COUNCIL 2014

I.D. NUMBER
1355944

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD *	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Tim Goodrich [redacted] Torrance, CA 90503 LOAN †☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Business Manager CA Association of Professional Employees	$ 1,000.00	$ 0.00	☐ PAID $ 0.00 ☐ FORGIVEN $ 0.00	$ 1,000.00 DATE DUE	% RATE $ 0.00	$ 1,000.00 02/13/2013 DATE INCURRED	CALENDAR YEAR $ 0.00 PER ELECTION ** $ P2014 30,000.00
Tim Goodrich [redacted] Torrance, CA 90503 LOAN †☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Business Manager CA Association of Professional Employees	$ 29,000.00	$ 0.00	☐ PAID $ 0.00 ☐ FORGIVEN $ 0.00	$ 29,000.00 DATE DUE	% RATE $ 0.00	$ 29,000.00 06/29/2013 DATE INCURRED	CALENDAR YEAR $ 0.00 PER ELECTION ** $ P2014 30,000.00
†☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$	$	☐ PAID $ ☐ FORGIVEN $	$ DATE DUE	% RATE $	$ DATE INCURRED	CALENDAR YEAR $ PER ELECTION ** $
		SUBTOTALS $ 0.00	$ 0.00	$ 30,000.00	$ 0.00 (Enter (e) on Schedule E, Line 3)			

Schedule B Summary

1. Loans received this period ..... $ 0.00
   (Total Column (b) plus unitemized loans of less than $100.)
2. Loans paid or forgiven this period ..... $ 0.00
   (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** $ 0.00 (May be a negative number)
   Enter the net here and on the Summary Page, Column A, Line 2.

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

Schedule E
Payments Made

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

SCHEDULE E
CALIFORNIA FORM **460**

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

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
TIM GOODRICH FOR TORRANCE CITY COUNCIL 2014

I.D. NUMBER
1355944

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 (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
The Veggie Grill 720 S Allied Way El Segundo, CA 90245	FND	Food For Event	184.72
RGM LLC 1218 El Prado Ave. Torrance, CA 90501 Slate Mailer	LIT	Slate Mailer	2,038.00
Staples 875 South Arroyo Parkway Pasadena, CA 91105	CMP	Office Supplies / Postage	76.28

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

SUBTOTAL $ 2,299.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ..... $ 43,162.92
2. Unitemized payments made this period of under $100 ..... $ 137.95
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... $ 0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... **TOTAL $** 43,300.87

Schedule E (Continuation Sheet) Payments Made

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

SCHEDULE E (CONT.)

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

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: TIM GOODRICH FOR TORRANCE CITY COUNCIL 2014

I.D. NUMBER: 1355944

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 (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Independent Voters League (ID# 588034) 3700 Wilshire Blvd. Suite 1050B Los Angeles, CA 90010	LIT		2,210.00
USPS 1433 Marcelina Ave Torrance, CA 90501	POS	Postage	343.00
Citizens For Good Government (ID# 599010) 728 W. Edna Place Covina, CA 91722	LIT		1,490.40
Democratic Voters Choice (ID# 595002) 728 W Edna Place Covina, CA 91722	LIT		1,564.70
Marshall Arts Creative Services 9616 Highland Gorge Dr. Beverly Hills, CA 90210	LIT	Graphic Design	2,800.00

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

SUBTOTAL $ 8,408.10

Schedule E (Continuation Sheet) Payments Made

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

SCHEDULE E (CONT.)

CALIFORNIA FORM 460

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

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: TIM GOODRICH FOR TORRANCE CITY COUNCIL 2014

I.D. NUMBER: 1355944

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 (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Staples 875 South Arroyo Parkway Pasadena, CA 91105	CMP	Office Supplies / Postage	273.33
Nation Builder 448 S. Hill St Ste 200 Los Angeles, CA 90013	WEB	Website Fees	149.00
Staples 22025 Hawthorne Blvd Torrance, CA 90503	CMP	Office Supplies / Postage	63.27
Michael Schirtzer [redacted] Torrance, CA 90505	SAL	Ind. Cont. Fee	550.00
Continental Colorcraft 1166 W Garvey Ave. Monterey Park, CA 91754	LIT	Printing	2,567.00

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

SUBTOTAL $ 3,602.60

Schedule E (Continuation Sheet) Payments Made

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

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

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: TIM GOODRICH FOR TORRANCE CITY COUNCIL 2014

I.D. NUMBER: 1355944

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 (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Bullseye Marketing 19425 Londelius St. Northridge, CA 91324	LIT	Mail House	5,582.38
Red Car Brewery & Restaurant 1266 Sartori Ave. Torrance, CA 90501	FND	Food For Event	160.00
Nation Builder 448 S. Hill St Ste 200 Los Angeles, CA 90013	WEB	Website Fees	99.00
SG&A Campaigns 600 Playhouse Alley, Suite 504 Pasadena, CA 91101	CNS	Campaign Consultant	5,000.00
Bullseye Marketing 19425 Londelius St. Northridge, CA 91324	LIT		11,870.00

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

SUBTOTAL $ 22,711.38

Schedule E
(Continuation Sheet)
Payments Made

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

SCHEDULE E (CONT.)

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

CALIFORNIA FORM **460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
TIM GOODRICH FOR TORRANCE CITY COUNCIL 2014

I.D. NUMBER
1355944

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 (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Continental Colorcraft 1166 W Garvey Ave. Monterey Park, CA 91754	LIT	Printing	5,890.46
Democracy Engine 2125 14th ST NW Washington, DC 20009	CMP	Credit Card Processing Fee	251.38

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

SUBTOTAL $ 6,141.84

Schedule I
Miscellaneous Increases to Cash

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

SCHEDULE I

CALIFORNIA FORM **460**

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

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
TIM GOODRICH FOR TORRANCE CITY COUNCIL 2014

I.D. NUMBER
1355944

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
05/16/2014	RGM LLC 1218 El Prado Ave. Torrance, CA 90501	REFUND	2,038.00

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL $ 2,038.00

Schedule I Summary

1. Itemized increases to cash this period. ..... $ 2,038.00
2. Unitemized increases to cash of under $100 this period. ..... $ 6.00
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) ..... $ 0.00
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) ..... **TOTAL** $ 2,044.00