

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp  
**RECEIVED**  
2014 JUL 24 PM 3:50  
CITY OF TORRANCE  
CITY CLERK'S OFFICE

**CALIFORNIA FORM 460**

Page 1 of 10

**ORIGINAL**

**Statement covers period**  
from 05/18/2014  
through 06/30/2014

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

SEE INSTRUCTIONS ON REVERSE

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

- 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)*
- 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)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Torrance	CA	90503	

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX / E-MAIL ADDRESS

**Treasurer(s)**

NAME OF TREASURER

TIM GOODRICH

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
TORRANCE	CA	90504	

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	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

Executed on 07/24/2014  
Date

By \_\_\_\_\_  
Treasurer

Executed on 07/24/2014  
Date

By \_\_\_\_\_  
Signature of Treasurer 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**

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**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

[REDACTED] 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
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NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
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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? <input type="checkbox"/> YES <input type="checkbox"/> NO
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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	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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**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
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**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	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
-----------------------------------	-----------------------	---

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
-----------------------------------	-----------------------	---

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
-----------------------------------	-----------------------	---

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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*Attach continuation sheets if necessary*

# Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

Statement covers period from <u>05/18/2014</u> through <u>06/30/2014</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>3</u> of <u>10</u>
	I.D. NUMBER 1355944

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

TIM GOODRICH FOR TORRANCE CITY COUNCIL 2014

## Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions ..... Schedule A, Line 3	\$ <u>3,039.00</u>	\$ <u>28,488.00</u>
2. Loans Received ..... Schedule B, Line 3	<u>0.00</u>	<u>30,000.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2	\$ <u>3,039.00</u>	\$ <u>58,488.00</u>
4. Nonmonetary Contributions ..... Schedule C, Line 3	<u>0.00</u>	<u>0.00</u>
5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4	\$ <u>3,039.00</u>	\$ <u>58,488.00</u>

## 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 TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made ..... Schedule E, Line 4	\$ <u>33,708.52</u>	\$ <u>85,162.52</u>
7. Loans Made ..... Schedule H, Line 3	<u>0.00</u>	<u>0.00</u>
8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7	\$ <u>33,708.52</u>	\$ <u>85,162.52</u>
9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3	<u>0.00</u>	<u>0.00</u>
10. Nonmonetary Adjustment ..... Schedule C, Line 3	<u>0.00</u>	<u>0.00</u>
11. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10	\$ <u>33,708.52</u>	\$ <u>85,162.52</u>

## 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	\$ <u>48,474.48</u>
13. Cash Receipts ..... Column A, Line 3 above	<u>3,039.00</u>
14. Miscellaneous Increases to Cash ..... Schedule I, Line 4	<u>0.00</u>
15. Cash Payments ..... Column A, Line 8 above	<u>33,708.52</u>
16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>17,804.96</u>

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

17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 2	\$ <u>0.00</u>
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## Cash Equivalents and Outstanding Debts

18. Cash Equivalents ..... See instructions on reverse	\$ <u>0.00</u>
19. Outstanding Debts ..... Add Line 2 + Line 9 in Column B above	\$ <u>30,000.00</u>

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 A Monetary Contributions Received

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

SCHEDULE A

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	05/18/2014	
through	06/30/2014	Page 4 of 10

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)
05/28/2014	Angeles Chapter of the Sierra Club Political Action Committee (ID# 990434) 3435 Wilshire Blvd. #320 Los Angeles, CA 90010	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		200.00	200.00	P2014 \$200.00
05/28/2014	Dee Hardison [REDACTED] Torrance, CA 90501	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	100.00	100.00	P2014 \$100.00
06/02/2014	Torrance Firefighters Association PAC (ID# 890376) P.O. Box 3306 Torrance, CA 90510	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	P2014 \$1,000.00
06/02/2014	Rick Tuttle [REDACTED] Culver City, CA 90230	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Teacher UCLA	100.00	199.00	P2014 \$100.00
06/09/2014	Communications Workers of America Southern California Council (ID# 05-062361) 724 E. Huntington Dr. Monrovia, CA 91016	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		300.00	300.00	P2014 \$300.00
<b>SUBTOTAL \$</b>				1,700.00		

## Schedule A Summary

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 2,850.00
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ 189.00
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$ 3,039.00**

\*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 <u>05/18/2014</u> through <u>06/30/2014</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>5</u> of <u>10</u>

NAME OF FILER TIM GOODRICH FOR TORRANCE CITY COUNCIL 2014	I.D. NUMBER 1355944
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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)
06/09/2014	Tom Hayden Los Angeles, CA 90049	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Author Self-Employed	150.00	150.00	P2014 \$300.00
06/09/2014	Torrance Police Officers Association PAC (ID# 761167) 22945 Arlington Ave. Torrance, CA 90501	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	P2014 \$1,000.00
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL \$** 1,150.00

\*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 B – Part 1  
Loans Received**

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

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	05/18/2014	
through	06/30/2014	Page 6 of 10

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	Business Manager CA Association of Professional Employees	\$ 1,000.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> 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** \$ 2014 30,000.00
† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC								
Tim Goodrich [REDACTED] Torrance, CA 90503 LOAN	Business Manager CA Association of Professional Employees	\$ 29,000.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> 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** \$ 2014 30,000.00
† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC								
		\$	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	\$ DATE DUE	% RATE \$	\$ DATE INCURRED	CALENDAR YEAR \$ PER ELECTION** \$
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC								
<b>SUBTOTALS \$</b>			0.00 \$	0.00 \$	30,000.00 \$	0.00		

(Enter (e) on  
Schedule E, Line 3)

**Schedule B Summary**

- Loans received this period ..... \$ 0.00  
(Total Column (b) plus unitemized loans of less than \$100.)
- 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.)
- Net change this period. (**Subtract** Line 2 from Line 1.) ..... **NET \$** 0.00  
Enter the net here and on the Summary Page, Column A, Line 2.  
(May be a negative number)

†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

\*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.

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	05/18/2014	
through	06/30/2014	Page 7 of 10
NAME OF FILER		I.D. NUMBER
TIM GOODRICH FOR TORRANCE CITY COUNCIL 2014		1355944

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.

- |  |  |  |
|--|--|--|
| <b>CMP</b> campaign paraphernalia/misc.                                  | <b>MBR</b> member communications                     | <b>RAD</b> radio airtime and production costs                        |
| <b>CNS</b> campaign consultants  | <b>MTG</b> meetings and appearances                  | <b>RFD</b> returned contributions                                    |
| <b>CTB</b> contribution (explain nonmonetary)*                           | <b>OFC</b> office expenses                           | <b>SAL</b> campaign workers' salaries                                |
| <b>CVC</b> civic donations   | <b>PET</b> petition circulating                      | <b>TEL</b> t.v. or cable airtime and production costs                |
| <b>FIL</b> candidate filing/ballot fees                                  | <b>PHO</b> phone banks                               | <b>TRC</b> candidate travel, lodging, and meals                      |
| <b>FND</b> fundraising events  | <b>POL</b> polling and survey research               | <b>TRS</b> staff/spouse travel, lodging, and meals                   |
| <b>IND</b> independent expenditure supporting/opposing others (explain)* | <b>POS</b> postage, delivery and messenger services  | <b>TSF</b> transfer between committees of the same candidate/sponsor |
| <b>LEG</b> legal defense   | <b>PRO</b> professional services (legal, accounting) | <b>VOT</b> voter registration  |
| <b>LIT</b> campaign literature and mailings                              | <b>PRT</b> print ads                                 | <b>WEB</b> 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
Political Data Inc. 12501 Imperial Hwy Norwalk, CA 90650 Voter Information	LIT		Voter Information	145.70
US Postal Service 2510 Monterey St Torrance, CA 90503 Postage	POS		Postage	16.95
Bullseye Marketing 19425 Londelius St. Northridge, CA 91324 Mailing House	LIT		Mailing House	5,720.00

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

**SUBTOTAL \$** 5,882.65

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$	33,685.36
2. Unitemized payments made this period of under \$100	\$	23.16
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.)	<b>TOTAL \$</b>	33,708.52

**Schedule E  
(Continuation Sheet)  
Payments Made**

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

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	05/18/2014	
through	06/30/2014	Page <u>8</u> of <u>10</u>
NAME OF FILER		I.D. NUMBER
TIM GOODRICH FOR TORRANCE CITY COUNCIL 2014		1355944

SEE INSTRUCTIONS ON REVERSE

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- |  |  |  |
|--|--|--|
| <b>CMP</b> campaign paraphernalia/misc.                                  | <b>MBR</b> member communications                     | <b>RAD</b> radio airtime and production costs                        |
| <b>CNS</b> campaign consultants  | <b>MTG</b> meetings and appearances                  | <b>RFD</b> returned contributions                                    |
| <b>CTB</b> contribution (explain nonmonetary)*                           | <b>OFC</b> office expenses                           | <b>SAL</b> campaign workers' salaries                                |
| <b>CVC</b> civic donations   | <b>PET</b> petition circulating                      | <b>TEL</b> t.v. or cable airtime and production costs                |
| <b>FIL</b> candidate filing/ballot fees                                  | <b>PHO</b> phone banks                               | <b>TRC</b> candidate travel, lodging, and meals                      |
| <b>FND</b> fundraising events  | <b>POL</b> polling and survey research               | <b>TRS</b> staff/spouse travel, lodging, and meals                   |
| <b>IND</b> independent expenditure supporting/opposing others (explain)* | <b>POS</b> postage, delivery and messenger services  | <b>TSF</b> transfer between committees of the same candidate/sponsor |
| <b>LEG</b> legal defense   | <b>PRO</b> professional services (legal, accounting) | <b>VOT</b> voter registration  |
| <b>LIT</b> campaign literature and mailings                              | <b>PRT</b> print ads                                 | <b>WEB</b> 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 Mailing House	LIT		Mailing House	3,793.25
House of Printing 2107 S Los Angeles St Los Angeles, CA 90011	LIT			2,174.03
Bullseye Marketing 19425 Londelius St. Northridge, CA 91324 Mailing House	LIT		Mailing House	8,685.93
Campaign LA 15518 Broadway Gardena, CA 90248 Lawnsign Wires	LIT		Lawn Sign Wires	33.00
Continental Colorcraft 1166 W Garvey Ave. Monterey Park, CA 91754	LIT			1,423.14

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

**SUBTOTAL \$** 16,109.35

**Schedule E  
(Continuation Sheet)  
Payments Made**

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

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	05/18/2014	
through	06/30/2014	Page <u>9</u> of <u>10</u>

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.

<b>CMP</b> campaign paraphernalia/misc.	<b>MBR</b> member communications	<b>RAD</b> radio airtime and production costs
<b>CNS</b> campaign consultants	<b>MTG</b> meetings and appearances	<b>RFD</b> returned contributions
<b>CTB</b> contribution (explain nonmonetary)*	<b>OFC</b> office expenses	<b>SAL</b> campaign workers' salaries
<b>CVC</b> civic donations	<b>PET</b> petition circulating	<b>TEL</b> t.v. or cable airtime and production costs
<b>FIL</b> candidate filing/ballot fees	<b>PHO</b> phone banks	<b>TRC</b> candidate travel, lodging, and meals
<b>FND</b> fundraising events	<b>POL</b> polling and survey research	<b>TRS</b> staff/spouse travel, lodging, and meals
<b>ND</b> independent expenditure supporting/opposing others (explain)*	<b>POS</b> postage, delivery and messenger services	<b>TSF</b> transfer between committees of the same candidate/sponsor
<b>LEG</b> legal defense	<b>PRO</b> professional services (legal, accounting)	<b>VOT</b> voter registration
<b>LIT</b> campaign literature and mailings	<b>PRT</b> print ads	<b>WEB</b> 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			2,476.53
Continental Colorcraft 1166 W Garvey Ave. Monterey Park, CA 91754	LIT			2,630.86
Rachel Maysels Campaign Worker	SAL		Campaign Worker	250.00
Political Data Inc. 12501 Imperial Hwy Norwalk, CA 90650 Voter Information	LIT		Voter Information	2,112.33
Marshall Arts Creative Services 9616 Highland Gorge Dr. Beverly Hills, CA 90210 Graphics for Mailer	LIT		Graphics for Mailer	2,350.00

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

**SUBTOTAL \$** 9,819.72

**Schedule E  
(Continuation Sheet)  
Payments Made**

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

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	05/18/2014	
through	06/30/2014	Page 10 of 10
NAME OF FILER		I.D. NUMBER
TIM GOODRICH FOR TORRANCE CITY COUNCIL 2014		1355944

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

TIM GOODRICH FOR TORRANCE CITY COUNCIL 2014

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

<b>CMP</b> campaign paraphernalia/misc.	<b>MBR</b> member communications	<b>RAD</b> radio airtime and production costs
<b>CNS</b> campaign consultants	<b>MTG</b> meetings and appearances	<b>RFD</b> returned contributions
<b>CTB</b> contribution (explain nonmonetary)*	<b>OFC</b> office expenses	<b>SAL</b> campaign workers' salaries
<b>CVC</b> civic donations	<b>PET</b> petition circulating	<b>TEL</b> t.v. or cable airtime and production costs
<b>FIL</b> candidate filing/ballot fees	<b>PHO</b> phone banks	<b>TRC</b> candidate travel, lodging, and meals
<b>FND</b> fundraising events	<b>POL</b> polling and survey research	<b>TRS</b> staff/spouse travel, lodging, and meals
<b>IND</b> independent expenditure supporting/opposing others (explain)*	<b>POS</b> postage, delivery and messenger services	<b>TSF</b> transfer between committees of the same candidate/sponsor
<b>LEG</b> legal defense	<b>PRO</b> professional services (legal, accounting)	<b>VOT</b> voter registration
<b>LIT</b> campaign literature and mailings	<b>PRT</b> print ads	<b>WEB</b> 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
LA County Democratic Party Voter Guide 25920 Iris Ave. Ste. 13A #312 Moreno Valley, CA 92551 Slate Mailer	LIT		Slate Mailer	1,000.00
City of Torrance 3031 Torrance Blvd Torrance, CA 90503 Ballot Statement Fee	FIL		Ballot Statement Fee	400.00
Nation Builder 448 S. Hill St Ste 200 Los Angeles, CA 90013 WEBSITE FEES	WEB		WEBSITE FEES	114.71
Rachel Maysels , Campaign Worker	SAL		Campaign Worker	349.00
Democracy Engine 2125 14th ST NW Washington, DC 20009	CMP		Credit Card Processing Fee	9.93

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

**SUBTOTAL \$** 1,873.64