COVER PAGE

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 5/18/14 through 6/30/14

Date of election if applicable: (Month, Day, Year) 6/3/14

Date Stamp: RECEIVED 2015 JAN 30 PM 1:58 CITY OF TORRANCE CITY CLERK'S OFFICE

CALIFORNIA FORM 460

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For Official Use Only

COPY

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

3. Committee Information

I.D. NUMBER 1364465

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Rebecca Poirier & Torrance City Clerk 2014

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

CITY Torrance STATE Ca ZIP CODE 90505 AREA CODE/PHONE

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER Rebecca Poirier

MAILING ADDRESS [redacted]

CITY Torrance STATE Ca ZIP CODE 90505 AREA CODE/PHONE

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 correct.

Executed on 1/25/15 (Date) By [redacted] (Signature of Treasurer or Assistant Treasurer)

Executed on 1/25/15 (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)

Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

Statement covers period from 5/18/14 through 6/30/14

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Rebecca Poirier 4 Torrance City Clerk 2014

I.D. NUMBER: 1360446

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	$ 1083.00	$ 3,895.00
2. Loans Received	Schedule B, Line 3	1763.87	14,168.87
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	$ 2,846.87	$ 18,063.87
4. Nonmonetary Contributions	Schedule C, Line 3	0	0
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	$ 2,846.87	$ 18063.87

Expenditures Made

6. Payments Made	Schedule E, Line 4	$ 2,846.87	$ 18,063.87
7. Loans Made	Schedule H, Line 3	0	0
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	$ 2,846.87	$ 18,063.87
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	0	0
10. Nonmonetary Adjustment	Schedule C, Line 3	0	0
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	$ 2,846.87	$ 18,063.87

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	$ 0
13. Cash Receipts	Column A, Line 3 above	2,846.87
14. Miscellaneous Increases to Cash	Schedule I, Line 4	0
15. Cash Payments	Column A, Line 8 above	2,846.87
16. **ENDING CASH BALANCE**	Add Lines 12 + 13 + 14, then subtract Line 15	$ 0

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

17. LOAN GUARANTEES RECEIVED — Schedule B, Part 2 — $ 0

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	$ 14,168.87

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	$ 18063.87	$
21. Expenditures Made	$ 18063.87	$

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 B – Part 1
Loans Received

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

Statement covers period
from 5/18/14
through 6/30/14

CALIFORNIA FORM 460

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Rebecca Poirier 4 Torrance City Clerk 2014

I.D. NUMBER
1364465

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
Rebecca Poirier [redacted] Torrance CA 90505 †☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Deputy City Clerk City of Torrance	0	$1,763.87	☐ PAID $0 ☐ FORGIVEN $0	$1,763.87 N/A DATE DUE	0 % RATE $0	$1,763.87 6/4/14 DATE INCURRED	CALENDAR YEAR $14,168.87 PER ELECTION** $14,168.87
Rebecca Poirier [redacted] Torrance CA 90505 †☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Deputy City Clerk City of Torrance	1,763.87 12,405.00 RP		☐ PAID $0 ☐ FORGIVEN $0	$ N/A DATE DUE	0 % RATE $0	$9,100.00 3/27/14 DATE INCURRED	CALENDAR YEAR $12,405.00 PER ELECTION** $12,405.00
Rebecca Poirier [redacted] Torrance CA 90505 †☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Deputy City Clerk City of Torrance	12,405.00	3,305.00 RP	☐ PAID $0 ☐ FORGIVEN $0	$ N/A DATE DUE	0 % RATE $0	$3,305.00 2/27/14 DATE INCURRED	CALENDAR YEAR $3,305.00 PER ELECTION** $3,305.00
		SUBTOTALS $ 1,763.87 RP		$0	$14,168.87	$0 (Enter (e) on Schedule E, Line 3)		

Schedule B Summary

1. Loans received this period ..... $ 1,763.87
   (Total Column (b) plus unitemized loans of less than $100.)
2. Loans paid or forgiven this period ..... $ 0
   (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 $ 1,763.87
   (May be a negative number)
   Enter the net here and on the Summary Page, Column A, Line 2.

†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.