COVER PAGE

# Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

SEE INSTRUCTIONS ON REVERSE

Date Stamp RECEIVED 2011 JAN -6 PM 1:52 CITY OF TORRANCE CITY CLERK'S OFFICE

CALIFORNIA FORM **460**

Page 1 of 7

For Official Use Only

Statement covers period from 7/1/2010 through 12/31/2010

Date of election if applicable: (Month, Day, Year) 6/8/2010

## 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)
- [ ] Quarterly Statement
- [ ] Special Odd-Year Report
- [ ] Supplemental Preelection Statement - Attach Form 495

## 3. Committee Information

I.D. NUMBER: 1317940

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE): Committee to Re Elect Bill Sutherland 2010

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

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|---|---|---|---|
| Torrance | CA | 90501 | 310 701-1248 |

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: Helen A. Nowatka

MAILING ADDRESS: [redacted]

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|---|---|---|---|
| Torrance | CA | 90501 | 310 320-6535 |

NAME OF ASSISTANT TREASURER, IF ANY: Bill Sutherland

MAILING ADDRESS: 1531 El Prado Ave

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|---|---|---|---|
| Torrance | CA | 90501 | 310 701-2485 |

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 1/6/11 (Date) [redacted] Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on 1/6/11 (Date)

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

Bill Sutherland

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

Torrance City Council

| RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) | CITY | STATE | ZIP |
|---|---|---|---|
| [redacted] | Torrance | CA | 90501 |

**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 |
|---|---|
| N/A | |
| 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

N/A

| 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 | |
|---|---|---|
| N/A | | ☐ 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 7/1/2010 through 12/31/2010

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Bill Sutherland

I.D. NUMBER: 1317940

## Contributions Received

| | | Column A (TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)) | Column B (CALENDAR YEAR TOTAL TO DATE) |
|---|---|---|---|
| 1. Monetary Contributions | *Schedule A, Line 3* | $ 100.00 | $ 13,449.00 |
| 2. Loans Received | *Schedule B, Line 3* | 1,400.00 | 1,400.00 |
| 3. SUBTOTAL CASH CONTRIBUTIONS | *Add Lines 1 + 2* | $ 1,500.00 | $ 14,849.00 |
| 4. Nonmonetary Contributions | *Schedule C, Line 3* | 0.00 | 0.00 |
| 5. TOTAL CONTRIBUTIONS RECEIVED | *Add Lines 3 + 4* | $ 1,500.00 | $ 14,849.00 |

## Expenditures Made

| | | | |
|---|---|---|---|
| 6. Payments Made | *Schedule E, Line 4* | $ 3,250.00 | $ 24,627.95 |
| 7. Loans Made | *Schedule H, Line 3* | 0.00 | 0.00 |
| 8. SUBTOTAL CASH PAYMENTS | *Add Lines 6 + 7* | $ 3,250.00 | $ 24,627.95 |
| 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* | $ 3,250.00 | $ 24,627.95 |

## Current Cash Statement

| | | |
|---|---|---|
| 12. Beginning Cash Balance | *Previous Summary Page, Line 16* | $ 1,917.60 |
| 13. Cash Receipts | *Column A, Line 3 above* | 1,500.00 |
| 14. Miscellaneous Increases to Cash | *Schedule I, Line 4* | 4.30 |
| 15. Cash Payments | *Column A, Line 8 above* | 3,250.00 |
| 16. **ENDING CASH BALANCE** | *Add Lines 12 + 13 + 14, then subtract Line 15* | $ 171.90 |

*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* | $ 1,400.00 |

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 7/1/2010
through 12/31/2010

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Bill Sutherland

I.D. NUMBER
1317940

| 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) |
|---|---|---|---|---|---|---|
| 7/26/10 | Norm LaCaze<br>[redacted]<br>Torrance, CA 90505 | ☑ IND<br>☐ COM<br>☐ OTH<br>☐ PTY<br>☐ SCC | Self<br>RE Development Co | 100.00 | 300.00 | 300.00 |
| | | ☐ IND<br>☐ COM<br>☐ OTH<br>☐ PTY<br>☐ SCC | | | | |
| | | ☐ IND<br>☐ COM<br>☐ OTH<br>☐ PTY<br>☐ SCC | | | | |
| | | ☐ IND<br>☐ COM<br>☐ OTH<br>☐ PTY<br>☐ SCC | | | | |
| | | ☐ IND<br>☐ COM<br>☐ OTH<br>☐ PTY<br>☐ SCC | | | | |
| | | | **SUBTOTAL $** | 100.00 | | |

## Schedule A Summary

1. Amount received this period – itemized monetary contributions.
   (Include all Schedule A subtotals.) ..... $ 100.00
2. Amount received this period – unitemized monetary contributions of less than $100 ..... $ 0.00
3. Total monetary contributions received this period.
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL $** 100.00

*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 from 7/1/2010 through 12/31/2010

CALIFORNIA FORM 460



SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Bill Sutherland

I.D. NUMBER: 1317940

| 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 |
|---|---|---|---|---|---|---|---|---|
| Bill Sutherland<br>[redacted]<br>Torrance, CA 90501<br>†☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | Self<br>BS Painting | $ 0.00 | $ 1,400.00 | ☐ PAID $ 0.00<br>☐ FORGIVEN $ 0.00 | $ 1,400.00<br>DATE DUE | 0 % RATE<br>$ | $ 1,400.0<br>8/12/10 DATE INCURRED | CALENDAR YEAR $ 1,400.00<br>PER ELECTION** $ 1,400.00 |
| †☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | | $ | $ | ☐ PAID $<br>☐ FORGIVEN $ | $<br>DATE DUE | % RATE<br>$ | $<br>DATE INCURRED | CALENDAR YEAR $<br>PER ELECTION** $ |
| †☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | | $ | $ | ☐ PAID $<br>☐ FORGIVEN $ | $<br>DATE DUE | % RATE<br>$ | $<br>DATE INCURRED | CALENDAR YEAR $<br>PER ELECTION** $ |
| | | SUBTOTALS $ 1,400.00 | $ 0.00 | $ 1,400.00 | $ | | | |

## Schedule B Summary

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

1. Loans received this period ..... $ 1,400.00
   (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** $ 1,400.00
   (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.

# Schedule E
# Payments Made

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

Statement covers period
from 7/1/2010
through 12/31/2010

CALIFORNIA FORM **460**



SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Bill Sutherland

I.D. NUMBER
1317940

**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 |
|---|---|---|---|
| 53rd ADCC<br>3920 Highland Ave<br>Manhattan Beach, CA 90266 | CTB | So Bay Republican Hdqrts<br>( to help with office expenses) | 250.00 |
| Nowatka & Assocs<br>23020 Crenshaw Blvd<br>Torrance, CA 90501 | CNS | Consultant winning bonus | 1,500.00 |
| Nowatka & Assocs<br>23020 Crenshaw Blvd<br>Torrance, CA 90501 | CNS | Consultant winning bonus | 1,500.00 |

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

**SUBTOTAL $** 3,250.00

## Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ..... $ 3,250.00
2. Unitemized payments made this period of under $100 ..... $ 0.00
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 $** 3,250.00

# Schedule I
# Miscellaneous Increases to Cash

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

Statement covers period
from 7/1/2010
through 12/31/2010

SCHEDULE I
CALIFORNIA FORM 460



SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Bill Sutherland

I.D. NUMBER
1317940

| DATE RECEIVED | FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | DESCRIPTION OF RECEIPT | AMOUNT OF INCREASE TO CASH |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

*Attach additional information on appropriately labeled continuation sheets.*

**SUBTOTAL $** 0.00

## Schedule I Summary

1. Itemized increases to cash this period. ..... $ 0.00
2. Unitemized increases to cash of under $100 this period. ..... $ 4.30
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** $ 4.30