

Sutherland (2010) City Council
Form 460 First Pre-Election Campaign
Statement
1/1/2010 – 3/17/2010

ACity of Torrance
FPPC CAMPAIGN DISCLOSURE STATEMENT

Bill Sutherland
 23020 Crenshaw Bl.
 Torrance, CA. 90505
 310 530-1365
 [REDACTED]

Office Sought: **Councilmember**, Torrance 2010
Committee ID #: **1317940**
Name of Committee:
Committee to re-elect Bill Sutherland 2010
Treasurer: Helen A. Nowatka 310-530-1365

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DISCLAIMER: The information contained in these pages is information as submitted by the candidates to the City Clerk as required by the Political Reform Act of 1974 (amended). The City Clerk does not certify the accuracy of any information contained in these pages.

The City Clerk reserves the right to modify, update, change or make improvements at any time, without notice, and assumes no liability for damages incurred directly or indirectly as a result of errors, omissions or discrepancies.

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FORM	PERIOD COVERED	DATE DUE	DATE FILED
Form 501 Candidate Intention Statement Councilmember 2010	2010 General / Municipal Election	N/A	4/17/09
Form 410 Copy Statement of Organization	2010 General / Municipal Election	N/A	4/20/09
Form 410 (Copy) Statement of Organization Amendment Change Committee Name	2010 General / Municipal Election	N/A	6/15/09
Form 460 Semi-Annual Campaign Statement	1/1/09 – 6/30/09	7/31/09	7/1/09
Form 410 (Copy) Statement of Organization Amendment Add Bank Account	2010 General / Municipal Election	N/A	7/8/09
Form 410 (Copy) Statement of Organization Amendment from Secretary of State Change Committee Name	2010 General / Municipal Election	N/A	7/13/09
Form 410 (Copy) Statement of Organization Amendment from Secretary of State Add Bank Account	2010 General / Municipal Election	N/A	10/1/09
Form 460 Semi Annual Campaign Statement	July 1, 2009 – December 31, 2009	1/31/2010	1/7/2010
Form 460 First Pre Election Campaign Statement	1/1/10 – 3/17/10	3/22/10	3/22/10

Form(s) posted in **BOLD** posted on torranceca.gov **DATE**

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

CALIFORNIA FORM 460

Page 1 of 8

For Official Use Only

RECEIVED

Date Stamp

Date of election if applicable (Month, Day, Year) 06/08/2010

Statement covers period from 01/01/2010 through 03/17/2010

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

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) I.D. NUMBER
 Committee to Re Elect Bill Sutherland 2010 1317940

Treasurer(s)

NAME OF TREASURER
 Helen A. Nowatka

MAILING ADDRESS
 23020 Crenshaw Blvd

CITY STATE ZIP CODE
 Torrance CA 90505

AREA CODE/PHONE
 310 530-1365

NAME OF ASSISTANT TREASURER, IF ANY
 Bill Sutherland

MAILING ADDRESS
 23020 Crenshaw Blvd

CITY STATE ZIP CODE
 Torrance CA 90505

AREA CODE/PHONE
 310 530-1365

OPTIONAL: FAX / E-MAIL ADDRESS

310 530-1413

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.

Executed on 3/22/2010 Date
 Executed on 3/22/2010 Date
 Executed on _____ Date
 Executed on _____ Date

By _____
 By _____
 By _____
 By _____

Signature of Controlling Officer/holder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Signature of Controlling Officer/holder, Candidate, State Measure Proponent

Signature of Controlling Officer/holder, Candidate, State Measure Proponent

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

Type or print in ink.

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
23020 Crenshaw Blvd Torrance CA 90505

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 N/A	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> 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 N/A	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

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 01/01/2010
through 03/17/2010

CALIFORNIA
FORM **460**

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Committee to Re Elect Bill Sutherland 2010

Page 3 of 8

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 \$ 1,534.00	\$ 15,693.00
2. Loans Received	Schedule B, Line 3 0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 1,534.00	\$ 15,693.00
4. Nonmonetary Contributions	Schedule C, Line 3 0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 1,534.00	\$ 15,693.00

Expenditures Made

6. Payments Made	Schedule E, Line 4 \$ 3,701.10	\$ 8,037.01
7. Loans Made	Schedule H, Line 3 0.00	0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 3,701.10	\$ 8,037.01
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 3,701.10	\$ 8,037.01

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16 \$ 9,840.07
13. Cash Receipts	Column A, Line 3 above 1,534.00
14. Miscellaneous Increases to Cash	Schedule I, Line 4 7.62
15. Cash Payments	Column A, Line 8 above 3,701.10
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 7,680.59

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

17. LOAN GUARANTEES RECEIVED

.....	Schedule B, Part 2 \$ 0.00
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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 \$ 0.00

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

20. Contributions Received \$	0.00	\$	0.00
21. Expenditures Made \$	0.00	\$	0.00

1/1 through 6/30 7/1 to Date

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
	/ /	\$
	/ /	\$

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
from 01/01/2010
through 03/17/2010

**CALIFORNIA
FORM
460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to Re Elect Bill Sutherland 2010

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)
1/22/10	Arun Bhumitra [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self employed Armitra Props, Inc	100.00	600.00	600.00
2/16/10	Janet Payne [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	200.00	200.00	200.00
2/22/10	John Tootle [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Cal Water	250.00	250.00	250.00
2/22/10	Pioneer Theatres, Inc 2500 Redondo Beach Blvd Torrance, CA 90504	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	500.00
2/23/10	Dennis Frandsen [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	100.00
SUBTOTAL \$				1,150.00		

Schedule A Summary

1. Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 1,250.00

2. Amount received this period – unitemized monetary contributions of less than \$100 \$ 284.00

3. Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 1,534.00

*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 01/01/2010
through 03/17/2010

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NAME OF FILER
Committee to Re Elect Bill Sutherland 2010

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)
3/5/10	Martin Burke [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	100.00
		<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				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$				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 E Payments Made

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

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to Re Elect Bill Sutherland 2010

Statement covers period
from 01/01/2010
through 03/17/2010

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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
Nowatka & Associates 23020 Crenshaw Blvd Torrance, CA 90505	CNS		January Consulting	200.00
Personally Done 40730 W Walker Way Maricopa, CA 85138	LIT		Remit envelopes	150.00
Nowatka & Associates 23020 Crenshaw Blvd Torrance, CA 90505	CNS		February Consulting	200.00
SUBTOTAL \$				550.00

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

Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.) \$ 3,585.02
- Unitemized payments made this period of under \$100 \$ 116.08
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ 0.00
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$ 3,701.10**

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

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

Statement covers period
from 01/01/2010
through 03/17/2010

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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Committee to Re Elect Bill Sutherland 2010

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
AMAC 114 S Catalina Ave Redondo Beach, CA 90277	LIT		Campaign signs & hangers	1,835.02
City of Torrance 3031 Torrance Blvd Torrance, CA 90503	FIL		Ballot Statement	400.00
Nowatka & Associates 23020 Crenshaw Blvd Torrance, CA 90505	CNS		February consulting	300.00
Nowatka & Associates 23020 Crenshaw Blvd Torrance, CA 90505	CNS		March consulting	500.00

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

SUBTOTAL \$ 3,035.02

