COVER PAGE

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

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CITY OF TORRANCE
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CALIFORNIA FORM **460**

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COPY

SEE INSTRUCTIONS ON REVERSE

Statement covers period	Date of election if applicable: (Month, Day, Year)
from 7/01/2012	06/03/2014
through 12/31/2012	

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)
- [x] Amendment (Explain below)
- [ ] Quarterly Statement
- [ ] Special Odd-Year Report
- [ ] Supplemental Preelection Statement - Attach Form 495

Correction on Summary Page 3

3. Committee Information

I.D. NUMBER: 1348689

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE): Bill Sutherland for Mayor 2014

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

CITY: Torrance | STATE: CA | ZIP CODE: 90501 | AREA CODE/PHONE: [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: Helen A. Nowatke

MAILING ADDRESS: [redacted]

CITY: Torrance | STATE: CA | ZIP CODE: 90501 | AREA CODE/PHONE: [redacted]

NAME OF ASSISTANT TREASURER, IF ANY: Bill Sutherland

MAILING ADDRESS: [redacted]

CITY: Torrance | STATE: CA | ZIP CODE: 90501 | AREA CODE/PHONE: [redacted]

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 corr[redacted]

Executed on 12/24/14 (Date) By [redacted]

Executed on 1-20-15 (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

CALIFORNIA FORM **460**

Statement covers period from 7/1/2012 through 12/31/2012

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Bill Sutherland for Mayor 2014

I.D. NUMBER: 1348689

Contributions Received

		Column A (Total This Period (From Attached Schedules))	Column B (Calendar Year Total To Date)
1. Monetary Contributions	Schedule A, Line 3	$ 1550.00	$ 1550.00
2. Loans Received	Schedule B, Line 3	905.00	905.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	$ 2455.00	$ 2455.00
4. Nonmonetary Contributions	Schedule C, Line 3	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	$ 2455.00	$ 2455.00

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

6. Payments Made	Schedule E, Line 4	$ 1029.82	$ 1029.82
7. Loans Made	Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	$ 1029.82	$ 1029.82
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	$ 1029.82	$ 1029.82

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.

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	$ 0.00
13. Cash Receipts	Column A, Line 3 above	2455.00
14. Miscellaneous Increases to Cash	Schedule I, Line 4	0.00
15. Cash Payments	Column A, Line 8 above	1029.82
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	$ 1425.18

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

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

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).

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	$ 905.00