Supplemental Independent Expenditure Report

(Goverment Code Section 84203.5)

SEE INSTRUCTIONS ON REVERSE

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

☐ **Amendment** (Explain Below)

Report covers period
from 01/01/2014
through 05/17/2014

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

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SUPPLEMENTAL INDEPENDENT EXPENDITURE
CALIFORNIA FORM **465**
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1. Committee/Filer Information

I.D. NUMBER (If recipient committee): 890376

COMMITTEE/FILER'S NAME: Torrance Firefighters PAC

STREET ADDRESS (NO P.O. BOX): 1701 Crenshaw Blvd.

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Torrance	CA	90501	(310) 766-0350

OPTIONAL: FAX/E-MAIL ADDRESS

Treasurer (If recipient committee)

NAME OF TREASURER: Ryan Mendivil

MAILING ADDRESS: 1701 Crenshaw Blvd.

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Torrance	CA	90501	(310) 766-0350

OPTIONAL:FAX/E-MAIL ADDRESS

2. Name of Candidate or Measure Supported or Opposed

NAME OF CANDIDATE	OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE	CHECK ONE: SUPPPORT	CHECK ONE: OPPOSE
Tim Goodrich for Torrance City Council 2014	Torrance City Council 2014	☑	☐
NAME OF BALLOT MEASURE	**BALLOT NO./LETTER JURISDICTION**	**SUPPORT**	**OPPOSE**
		☐	☐

3. Independent Expenditures Made

Attach additional information on appropriately labeled continuation sheets.

DATE	NAME AND ADDRESS OF PAYEE	DESCRIPTION OF EXPENDITURE	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)
05/07/2014	Firefighters Print & Design 1780 Creekside Oaks Drive Sacramento, CA 95833	printing fees re: Tim Goodrich for City Council 2014 (Cum: $1571.28)	$927.05	$1,571.28
05/07/2014	Firefighters Print & Design 1780 Creekside Oaks Drive Sacramento, CA 95833	postage fees re: Tim Goodrich for City Council 2014 (estimate postage Cum: $1571.28)	$644.23	$1,571.28

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4. Summary

1. Total independent expenditures of $100 or more made this period. (Part 3.)		$1,571.28
2. Total independent expenditures under $100 made this period. (Not itemized.)		$0.00
3. Total independent expenditures made this period (Add Lines 1+2.)	TOTAL	$1,571.28

5. Filing Officers

Enter name and address of each filing officer with whom the filer's most recent campaign statements (Form 450,460 or 461) have been filed.

1) NAME OF FILING OFFICER

ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE

6. Verification

I certify that the "independent expenditure(s)" disclosed in this statement were not "made at the behest of" the candidate or committee that enefitted from the expenditure(s) as those terms are defined in Government Code Section 82031 and FPPC Regulation 18225.7. I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein 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 5-19-14 DATE By [redacted] EASURER OR ASSISTANT TREASURER

Executed on DATE By [redacted] SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENET, 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