COVER PAGE

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp: RECEIVED 2014 AUG 11 AM 9:16 CITY OF TORRANCE CITY CLERK'S OFFICE

CALIFORNIA FORM 460

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For Official Use Only

ORIGINAL

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 01/01/2014
through 06/30/2014

Date of election if applicable: (Month, Day, Year)

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

I.D. NUMBER: 761167

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Torrance Police Officers' Association PAC

STREET ADDRESS (NO P.O. BOX)
22945 Arlington Ave.

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Torrance	CA	90501	(310)325-8762

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS
(310)325-5618 / [redacted]

Treasurer(s)

NAME OF TREASURER
Rick Rudd

MAILING ADDRESS
22945 Arlington Ave.

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Torrance	CA	90501	(310)325-8762

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 c[redacted]

Executed on 07/29/2014 (Date) By [redacted]

Executed on _____ (Date) By _____ (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)

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

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

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

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
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

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	☐ 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

Statement covers period
from 01/01/2014
through 06/30/2014

CALIFORNIA FORM 460

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Torrance Police Officers' Association PAC

I.D. NUMBER
761167

Contributions Received

		Column A (TOTAL THIS PERIOD FROM ATTACHED SCHEDULES)	Column B (CALENDAR YEAR TOTAL TO DATE)
1. Monetary Contributions	*Schedule A, Line 3*	$ 5,260.00	$ 5,260.00
2. Loans Received	*Schedule B, Line 3*	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS	*Add Lines 1 + 2*	$ 5,260.00	$ 5,260.00
4. Nonmonetary Contributions	*Schedule C, Line 3*	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED	*Add Lines 3 + 4*	$ 5,260.00	$ 5,260.00

Expenditures Made

6. Payments Made	*Schedule E, Line 4*	$ 25,054.52	$ 25,054.52
7. Loans Made	*Schedule H, Line 3*	0.00	0.00
8. SUBTOTAL CASH PAYMENTS	*Add Lines 6 + 7*	$ 25,054.52	$ 25,054.52
9. Accrued Expenses (Unpaid Bills)	*Schedule F, Line 3*	9,606.02	9,906.02
10. Nonmonetary Adjustment	*Schedule C, Line 3*	0.00	0.00
11. TOTAL EXPENDITURES MADE	*Add Lines 8 + 9 + 10*	$ 34,660.54	$ 34,960.54

Current Cash Statement

12. Beginning Cash Balance	*Previous Summary Page, Line 16*	$ 170,825.22
13. Cash Receipts	*Column A, Line 3 above*	5,260.00
14. Miscellaneous Increases to Cash	*Schedule I, Line 4*	0.02
15. Cash Payments	*Column A, Line 8 above*	25,054.52
16. **ENDING CASH BALANCE**	*Add Lines 12 + 13 + 14, then subtract Line 15*	$ 151,030.72

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*	$ 9,906.02

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.

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Schedule A
Monetary Contributions Received

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

SCHEDULE A

Statement covers period
from 01/01/2014
through 06/30/2014

CALIFORNIA FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Torrance Police Officers' Association PAC

I.D. NUMBER

761167

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)
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				
			SUBTOTAL $	0.00		

Schedule A Summary

1. Amount received this period – itemized monetary contributions.
   (Include all Schedule A subtotals.) ..... $ 0.00
2. Amount received this period – unitemized monetary contributions of less than $100 ..... $ 5,260.00
3. Total monetary contributions received this period.
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL $** 5,260.00

*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 D
Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees

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

SCHEDULE D

Statement covers period
from 01/01/2014
through 06/30/2014

CALIFORNIA FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Torrance Police Officers' Association PAC

I.D. NUMBER

761167

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
05/21/2014	Heidi Ashcraft City Council Member City of Torrance [X] Support [ ] Oppose	[ ] Monetary Contribution [ ] Nonmonetary Contribution [X] Independent Expenditure	Postage	710.00	2,426.76	P2014 $2,426.76
05/21/2014	Heidi Ashcraft City Council Member City of Torrance [X] Support [ ] Oppose	[ ] Monetary Contribution [ ] Nonmonetary Contribution [X] Independent Expenditure	Postage	756.16	2,426.76	P2014 $2,426.76
05/21/2014	Heidi Ashcraft City Council Member City of Torrance [X] Support [ ] Oppose	[ ] Monetary Contribution [ ] Nonmonetary Contribution [X] Independent Expenditure	Printing mailer	480.30	2,426.76	P2014 $2,426.76
			SUBTOTAL $	1,946.46		

Schedule D Summary

1. Contributions and independent expenditures made this period of $100 or more. (Include all Schedule D subtotals.) ..... $ 26,517.67
2. Unitemized contributions and independent expenditures made this period of under $100 ..... $ 0.00
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) ..... **TOTAL $** 26,517.67

Schedule D
(Continuation Sheet)
Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees

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

SCHEDULE D (CONT.)

Statement covers period
from 01/01/2014
through 06/30/2014

CALIFORNIA FORM 460

NAME OF FILER
Torrance Police Officers' Association PAC

I.D. NUMBER
761167

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
05/21/2014	Heidi Ashcraft City Council Member City of Torrance ☒ Support ☐ Oppose	☐ Monetary Contribution ☐ Nonmonetary Contribution ☒ Independent Expenditure	Printing mailer	480.30	2,426.76	P2014 $2,426.76
05/21/2014	Betsy Butler State Senator District: 26 ☒ Support ☐ Oppose	☐ Monetary Contribution ☐ Nonmonetary Contribution ☒ Independent Expenditure	Postage Subvendor: U.S. Postal Services	710.00	2,426.76	P2014 $2,426.76
05/21/2014	Betsy Butler State Senator District: 26 ☒ Support ☐ Oppose	☐ Monetary Contribution ☐ Nonmonetary Contribution ☒ Independent Expenditure	Postage	756.16	2,426.76	P2014 $2,426.76
05/21/2014	Betsy Butler State Senator District: 26 ☒ Support ☐ Oppose	☐ Monetary Contribution ☐ Nonmonetary Contribution ☒ Independent Expenditure	Printing mailer	480.30	2,426.76	P2014 $2,426.76
			SUBTOTAL $	2,426.76		

Schedule D
(Continuation Sheet)
Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees

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

Statement covers period
from 01/01/2014
through 06/30/2014

CALIFORNIA FORM **460**

NAME OF FILER
Torrance Police Officers' Association PAC

I.D. NUMBER
761167

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
05/21/2014	Betsy Butler State Senator District: 26 [X] Support [ ] Oppose	[ ] Monetary Contribution [ ] Nonmonetary Contribution [X] Independent Expenditure	Printing mailer	480.30	2,426.76	P2014 $2,426.76
05/21/2014	Geoffrey Rizzo City Council Member City of Torrance [X] Support [ ] Oppose	[ ] Monetary Contribution [ ] Nonmonetary Contribution [X] Independent Expenditure	Postage	710.00	2,426.76	P2014 $2,426.76
05/21/2014	Geoffrey Rizzo City Council Member City of Torrance [X] Support [ ] Oppose	[ ] Monetary Contribution [ ] Nonmonetary Contribution [X] Independent Expenditure	Postage	756.16	2,426.76	P2014 $2,426.76
05/21/2014	Geoffrey Rizzo City Council Member City of Torrance [X] Support [ ] Oppose	[ ] Monetary Contribution [ ] Nonmonetary Contribution [X] Independent Expenditure	Printing mailer	480.30	2,426.76	P2014 $2,426.76
			SUBTOTAL $	2,426.76		

Schedule D (Continuation Sheet) Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees

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

SCHEDULE D (CONT.)

Statement covers period
from 01/01/2014
through 06/30/2014

CALIFORNIA FORM 460

NAME OF FILER
Torrance Police Officers' Association PAC

I.D. NUMBER
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DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
05/21/2014	Geoffrey Rizzo City Council Member City of Torrance ☒ Support ☐ Oppose	☐ Monetary Contribution ☐ Nonmonetary Contribution ☒ Independent Expenditure	Printing mailer	480.30	2,426.76	P2014 $2,426.76
05/21/2014	Michael Griffiths City Council Member City of Torrance ☒ Support ☐ Oppose	☐ Monetary Contribution ☐ Nonmonetary Contribution ☒ Independent Expenditure	Postage	710.00	2,426.76	P2014 $2,426.76
05/21/2014	Michael Griffiths City Council Member City of Torrance ☒ Support ☐ Oppose	☐ Monetary Contribution ☐ Nonmonetary Contribution ☒ Independent Expenditure	Postage	756.16	2,426.76	P2014 $2,426.76
05/21/2014	Michael Griffiths City Council Member City of Torrance ☒ Support ☐ Oppose	☐ Monetary Contribution ☐ Nonmonetary Contribution ☒ Independent Expenditure	Printing mailer	480.30	2,426.76	P2014 $2,426.76
			SUBTOTAL $	2,426.76		

Schedule D
(Continuation Sheet)
Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees

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

SCHEDULE D (CONT.)

Statement covers period
from 01/01/2014
through 06/30/2014

CALIFORNIA FORM **460**

NAME OF FILER
Torrance Police Officers' Association PAC

I.D. NUMBER
761167

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
05/21/2014	Michael Griffiths City Council Member City of Torrance [X] Support [ ] Oppose	[ ] Monetary Contribution [ ] Nonmonetary Contribution [X] Independent Expenditure	Printing mailer	480.30	2,426.76	P2014 $2,426.76
05/21/2014	Leilani Kimmel- Dagostino City Council Member City Of Torrance [X] Support [ ] Oppose	[ ] Monetary Contribution [ ] Nonmonetary Contribution [X] Independent Expenditure	Postage	710.00	2,426.76	P2014 $2,426.76
05/21/2014	Leilani Kimmel- Dagostino City Council Member City Of Torrance [X] Support [ ] Oppose	[ ] Monetary Contribution [ ] Nonmonetary Contribution [X] Independent Expenditure	Postage	756.16	2,426.76	P2014 $2,426.76
05/21/2014	Leilani Kimmel- Dagostino City Council Member City Of Torrance [X] Support [ ] Oppose	[ ] Monetary Contribution [ ] Nonmonetary Contribution [X] Independent Expenditure	Printing mailer	480.30	2,426.76	P2014 $2,426.76
			SUBTOTAL $	2,426.76		

Schedule D
(Continuation Sheet)
Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees

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SCHEDULE D (CONT.)

Statement covers period
from 01/01/2014
through 06/30/2014

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NAME OF FILER
Torrance Police Officers' Association PAC

I.D. NUMBER
761167

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
05/21/2014	Leilani Kimmel- Dagostino City Council Member City Of Torrance [X] Support [ ] Oppose	[ ] Monetary Contribution [ ] Nonmonetary Contribution [X] Independent Expenditure	Printing mailer	480.30	2,426.76	P2014 $2,426.76
05/21/2014	Al Muratsuchi State Assembly Person District: 66 [X] Support [ ] Oppose	[ ] Monetary Contribution [ ] Nonmonetary Contribution [X] Independent Expenditure	Postage	710.00	2,426.83	P2014 $2,426.83
05/21/2014	Al Muratsuchi State Assembly Person District: 66 [X] Support [ ] Oppose	[ ] Monetary Contribution [ ] Nonmonetary Contribution [X] Independent Expenditure	Postage	756.22	2,426.83	P2014 $2,426.83
05/21/2014	Al Muratsuchi State Assembly Person District: 66 [X] Support [ ] Oppose	[ ] Monetary Contribution [ ] Nonmonetary Contribution [X] Independent Expenditure	Printing mailer	480.30	2,426.83	P2014 $2,426.83
			SUBTOTAL $	2,426.82		

Schedule D
(Continuation Sheet)
Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees

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SCHEDULE D (CONT.)

Statement covers period
from 01/01/2014
through 06/30/2014

CALIFORNIA FORM 460

NAME OF FILER
Torrance Police Officers' Association PAC

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DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
05/21/2014	Al Muratsuchi State Assembly Person District: 66 [X] Support [ ] Oppose	[ ] Monetary Contribution [ ] Nonmonetary Contribution [X] Independent Expenditure	Printing mailer	480.31	2,426.83	P2014 $2,426.83
05/21/2014	Pat Furey Mayor City of Torrance [X] Support [ ] Oppose	[ ] Monetary Contribution [ ] Nonmonetary Contribution [X] Independent Expenditure	Postage	710.00	2,426.76	P2014 $3,426.76
05/21/2014	Pat Furey Mayor City of Torrance [X] Support [ ] Oppose	[ ] Monetary Contribution [ ] Nonmonetary Contribution [X] Independent Expenditure	Postage	756.16	2,426.76	P2014 $3,426.76
05/21/2014	Pat Furey Mayor City of Torrance [X] Support [ ] Oppose	[ ] Monetary Contribution [ ] Nonmonetary Contribution [X] Independent Expenditure	Printing mailer	480.30	2,426.76	P2014 $3,426.76
			SUBTOTAL $	2,426.77		

Schedule D (Continuation Sheet) Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees

Type or print in ink.
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Statement covers period
from 01/01/2014
through 06/30/2014

CALIFORNIA FORM 460

NAME OF FILER
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DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
05/21/2014	Pat Furey Mayor City of Torrance [X] Support [ ] Oppose	[ ] Monetary Contribution [ ] Nonmonetary Contribution [X] Independent Expenditure	Printing mailer	480.30	2,426.76	P2014 $3,426.76
05/21/2014	Rebecca Poirier City Clerk City of Torrance [X] Support [ ] Oppose	[ ] Monetary Contribution [ ] Nonmonetary Contribution [X] Independent Expenditure	Postage	710.00	2,426.76	P2014 $2,426.76
05/21/2014	Rebecca Poirier City Clerk City of Torrance [X] Support [ ] Oppose	[ ] Monetary Contribution [ ] Nonmonetary Contribution [X] Independent Expenditure	Postage	756.16	2,426.76	P2014 $2,426.76
05/21/2014	Rebecca Poirier City Clerk City of Torrance [X] Support [ ] Oppose	[ ] Monetary Contribution [ ] Nonmonetary Contribution [X] Independent Expenditure	Printing mailer	480.30	2,426.76	P2014 $2,426.76
			SUBTOTAL $	2,426.76		

Schedule D
(Continuation Sheet)
Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees

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

SCHEDULE D (CONT.)

Statement covers period
from 01/01/2014
through 06/30/2014

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NAME OF FILER

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I.D. NUMBER

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DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
05/21/2014	Rebecca Poirier City Clerk City of Torrance [X] Support [ ] Oppose	[ ] Monetary Contribution [ ] Nonmonetary Contribution [X] Independent Expenditure	Printing mailer	480.30	2,426.76	P2014 $2,426.76
01/28/2014	State Affiliated Corps Prop 34 Committee (SAC-PAC) [X] Support [ ] Oppose	[X] Monetary Contribution [ ] Nonmonetary Contribution [ ] Independent Expenditure		250.00	250.00	
06/24/2014	Ted Lieu Congress [X] Support [ ] Oppose	[X] Monetary Contribution [ ] Nonmonetary Contribution [ ] Independent Expenditure		1,000.00	1,000.00	G2014 $1,000.00
05/21/2014	Tim Goodrich City Council Member City Of Torrance [X] Support [ ] Oppose	[ ] Monetary Contribution [ ] Nonmonetary Contribution [X] Independent Expenditure	Postage	710.00	3,426.76	P2014 $3,426.76
			SUBTOTAL $	2,440.30		

Schedule D (Continuation Sheet) Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees

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

SCHEDULE D (CONT.)

Statement covers period
from 01/01/2014
through 06/30/2014

CALIFORNIA FORM 460

NAME OF FILER
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DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
05/21/2014	Tim Goodrich City Council Member City Of Torrance [X] Support [ ] Oppose	[ ] Monetary Contribution [ ] Nonmonetary Contribution [X] Independent Expenditure	Postage	756.16	3,426.76	P2014 $3,426.76
05/21/2014	Tim Goodrich City Council Member City Of Torrance [X] Support [ ] Oppose	[ ] Monetary Contribution [ ] Nonmonetary Contribution [X] Independent Expenditure	Printing mailer	480.30	3,426.76	P2014 $3,426.76
05/21/2014	Tim Goodrich City Council Member City Of Torrance [X] Support [ ] Oppose	[ ] Monetary Contribution [ ] Nonmonetary Contribution [X] Independent Expenditure	Printing mailer	480.30	3,426.76	P2014 $3,426.76
05/30/2014	Tim Goodrich City Council Member City Of Torrance [X] Support [ ] Oppose	[X] Monetary Contribution [ ] Nonmonetary Contribution [ ] Independent Expenditure		1,000.00	3,426.76	P2014 $3,426.76
			SUBTOTAL $	2,716.76		

Schedule D (Continuation Sheet) Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees

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

SCHEDULE D (CONT.)

Statement covers period
from 01/01/2014
through 06/30/2014

CALIFORNIA FORM 460

NAME OF FILER
Torrance Police Officers' Association PAC

I.D. NUMBER
761167

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
05/21/2014	Kurt Weideman City Council Member City Of Torrance [X] Support [ ] Oppose	[ ] Monetary Contribution [ ] Nonmonetary Contribution [X] Independent Expenditure	Postage	710.00	2,426.76	P2014 $2,426.76
05/21/2014	Kurt Weideman City Council Member City Of Torrance [X] Support [ ] Oppose	[ ] Monetary Contribution [ ] Nonmonetary Contribution [X] Independent Expenditure	Postage	756.16	2,426.76	P2014 $2,426.76
05/21/2014	Kurt Weideman City Council Member City Of Torrance [X] Support [ ] Oppose	[ ] Monetary Contribution [ ] Nonmonetary Contribution [X] Independent Expenditure	Printing mailer	480.30	2,426.76	P2014 $2,426.76
05/21/2014	Kurt Weideman City Council Member City Of Torrance [X] Support [ ] Oppose	[ ] Monetary Contribution [ ] Nonmonetary Contribution [X] Independent Expenditure	Printing mailer	480.30	2,426.76	P2014 $2,426.76
			SUBTOTAL $	2,426.76		

Schedule E
Payments Made

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

Statement covers period
from 01/01/2014
through 06/30/2014

CALIFORNIA FORM **460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Torrance Police Officers' Association PAC

I.D. NUMBER
761167

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
C.C.L.E.A. 2865 Temple Ave. Signal Hill, CA 90755		Dues	600.00
Choura Events 375 Maple Ave. Torrance, CA 90503	MTG		119.75
City of Torrance 3350 Civic Center Drive Torrance, CA 90503	MTG		647.00

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

SUBTOTAL $ 1,366.75

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ..... $ 24,849.70
2. Unitemized payments made this period of under $100 ..... $ 204.82
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 $** 25,054.52

Schedule E (Continuation Sheet) Payments Made

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

Statement covers period
from 01/01/2014
through 06/30/2014

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Torrance Police Officers' Association PAC

I.D. NUMBER

761167

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
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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
Daily Breeze 21250 Hawthorne Blvd., Suite 170 Torrance, CA 90503	PRT			224.00
Geoff Rizzo for City Council 2014 (ID# 1358532) 4733 Torrance Blvd #600 Torrance, CA 90503	CTB			1,000.00
Douglas Hath 22945 Arlington Ave. Torrance, CA 90501	MTG			236.29
Douglas Hath 22945 Arlington Ave. Torrance, CA 90501	MTG			40.00
Lisa's Bon Appetit 3511 Pacific Coast Hwy. Torrance, CA 90505	MTG			145.00

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

SUBTOTAL $ 1,645.29

www.netfile.com

Schedule E (Continuation Sheet) Payments Made

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

Statement covers period
from 01/01/2014
through 06/30/2014

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Torrance Police Officers' Association PAC

I.D. NUMBER

761167

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
Netfile 2707 Aurora Rd. Mariposa, CA 95338	PRO		275.00
S.C.A.L.E. 2 Cupania Circle Monterey Park, CA 91755		Dues	250.00
State Affiliated Corps Prop 34 Committee (SAC-PAC) (ID# 1235097) 1415 L Street, Suite 410 Sacramento, CA 95814	CTB		250.00
Ted Lieu for U.A. Congress (ID# C00556506) 2311 Hawthorne Blvd., Ste. 201A Torrance, CA 90505	CTB		1,000.00
The Rotary Club of Torrance 1145 6th Street Hermosa Beach, CA 90254	MTG	Dues	125.00

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

SUBTOTAL $ 1,900.00

www.netfile.com

Schedule E (Continuation Sheet) Payments Made

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

Statement covers period
from 01/01/2014
through 06/30/2014

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Torrance Police Officers' Association PAC

I.D. NUMBER
761167

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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
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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
The Rotary Club of Torrance 1145 6th Street Hermosa Beach, CA 90254	MTG		135.00
The Rotary Club of Torrance 1145 6th Street Hermosa Beach, CA 90254		Dues	125.00
The Rotary Club of Torrance 1145 6th Street Hermosa Beach, CA 90254		Dues	125.00
The Rotary Club of Torrance 1145 6th Street Hermosa Beach, CA 90254	MTG	Dues	125.00
The Rotary Club of Torrance 1145 6th Street Hermosa Beach, CA 90254	MTG	Dues	145.00

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

SUBTOTAL $ 655.00

www.netfile.com

Schedule E (Continuation Sheet) Payments Made

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

Statement covers period
from 01/01/2014
through 06/30/2014

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Torrance Police Officers' Association PAC

I.D. NUMBER
761167

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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
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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
Tim Goodrich for City Council (ID# 1355944) 19917 Flavian Ave. Torrance, CA 90503	CTB		1,000.00
Torrance Bakery 1341 E. Prado Ave. Torrance, CA 90501	MTG		187.50
Torrance Kiwanis Club 818 Manhattan Beach #200 Manhattan Beach, CA 90266		Dues	130.00
Torrance Kiwanis Club 818 Manhattan Beach #200 Manhattan Beach, CA 90266		Dues and donation	315.00
Torrance Kiwanis Club 818 Manhattan Beach #200 Manhattan Beach, CA 90266		Dues	65.00

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

SUBTOTAL $ 1,697.50

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Schedule E (Continuation Sheet) Payments Made

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

Statement covers period
from 01/01/2014
through 06/30/2014

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Torrance Police Officers' Association PAC

I.D. NUMBER

761167

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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
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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
Torrance Kiwanis Club 818 Manhattan Beach #200 Manhattan Beach, CA 90266		Dues	65.00
Torrance Kiwanis Club 818 Manhattan Beach #200 Manhattan Beach, CA 90266		Dues	65.00
Torrance Kiwanis Foundation 818 Manhattan Beach #200 Manhattan Beach, CA 90266	CVC		400.00
U.S. Postal Services 2510 Monterey Street Torrance, CA 90503	POS		5,600.00
U.S. Postal Services 2510 Monterey Street Torrance, CA 90503	POS		1,500.00

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

SUBTOTAL $ 7,630.00

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Schedule E (Continuation Sheet) Payments Made

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

Statement covers period
from 01/01/2014
through 06/30/2014

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Torrance Police Officers' Association PAC

I.D. NUMBER
761167

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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
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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
U.S. Postal Services 2510 Monterey Street Torrance, CA 90503	POS		220.00
U.S. Postal Services 2510 Monterey Street Torrance, CA 90503	POS		7,561.66
Villa Hermosa 23121 Anza Ave. Torrance, CA 90505	OFC	Flowers	173.50
Yolanda Miranda & Associates, Inc 728 W. Edna Place Covina, CA 91722	PRO		300.00
Yolanda Miranda & Associates, Inc 728 W. Edna Place Covina, CA 91722	PRO		500.00

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

SUBTOTAL $ 8,755.16

Schedule E
(Continuation Sheet)
Payments Made

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

Statement covers period
from 01/01/2014
through 06/30/2014

CALIFORNIA FORM **460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Torrance Police Officers' Association PAC

I.D. NUMBER

761167

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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
Yolanda Miranda & Associates, Inc 728 W. Edna Place Covina, CA 91722	PRO			300.00
Yolanda Miranda & Associates, Inc 728 W. Edna Place Covina, CA 91722	PRO			300.00
Yolanda Miranda & Associates, Inc 728 W. Edna Place Covina, CA 91722	PRO			300.00
Yolanda Miranda & Associates, Inc 728 W. Edna Place Covina, CA 91722	PRO			300.00

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

SUBTOTAL $ 1,200.00

Schedule F
Accrued Expenses (Unpaid Bills)

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

Statement covers period
from 01/01/2014
through 06/30/2014

CALIFORNIA FORM **460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Torrance Police Officers' Association PAC

I.D. NUMBER

761167

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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 CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Yolanda Miranda & Associates, Inc 728 W. Edna Place Covina, CA 91722	PRO	300.00	0.00	300.00	0.00
New Equity Production 3723 Birch Street, Ste. 10 Newport Beach, CA 92660	LIT Printing mailer	0.00	4,803.01	0.00	4,803.01
New Equity Production 3723 Birch Street, Ste. 10 Newport Beach, CA 92660	LIT Printing Mailer	0.00	4,803.01	0.00	4,803.01
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	**SUBTOTALS $**	300.00 $	9,606.02 $	300.00 $	9,606.02

Schedule F Summary

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of $100 or more, plus total unitemized accrued expenses under $100.) ..... **INCURRED TOTALS $** 9,906.02
2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of $100 or more, plus total unitemized payments on accrued expenses under $100.) ..... **PAID TOTALS $** 300.00
3. Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) ..... **NET $** 9,606.02 (May be a negative number)

Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

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

Statement covers period
from 01/01/2014
through 06/30/2014

CALIFORNIA FORM 460

NAME OF FILER
Torrance Police Officers' Association PAC

I.D. NUMBER
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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

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

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Yolanda Miranda & Associates, Inc 728 W. Edna Place Covina, CA 91722	PRO	0.00	300.00	0.00	300.00
	SUBTOTALS $	0.00	$ 300.00	$ 0.00	$ 300.00

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Schedule I
Miscellaneous Increases to Cash

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

Statement covers period
from 01/01/2014
through 06/30/2014

SCHEDULE I
CALIFORNIA FORM **460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Torrance Police Officers' Association PAC

I.D. NUMBER

761167

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 $

Schedule I Summary

1. Itemized increases to cash this period. ..... $ 0.00
2. Unitemized increases to cash of under $100 this period. ..... $ 0.02
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** $ 0.02