# Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

CALIFORNIA FORM **460**

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

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For Official Use Only

SEE INSTRUCTIONS ON REVERSE

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 1318486

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Re-Elect Tom Brewer to City Council 2010

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

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|---|---|---|---|
| Torrance | CA | 90505 | 310 378-7077 |

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
Tom Brewer

MAILING ADDRESS
[redacted]

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|---|---|---|---|
| Torrance | CA | 90505 | 310 378-7077 |

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 a[redacted]

Executed on 1-6-11 (Date) By [redacted]

Executed on 1-4-11 (Date) By [redacted]

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

Tom Brewer

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 | 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 | 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

Page 3 of 4

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Tom Brewer

I.D. NUMBER: 1318486

## Contributions Received

| | | Column A (TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)) | Column B (CALENDAR YEAR TOTAL TO DATE) |
|---|---|---|---|
| 1. Monetary Contributions | *Schedule A, Line 3* | $ 0.00 | $ 19,094.00 |
| 2. Loans Received | *Schedule B, Line 3* | 0.00 | 3,650.00 |
| 3. SUBTOTAL CASH CONTRIBUTIONS | *Add Lines 1 + 2* | $ 0.00 | $ 22,744.00 |
| 4. Nonmonetary Contributions | *Schedule C, Line 3* | 0.00 | 1,328.70 |
| 5. TOTAL CONTRIBUTIONS RECEIVED | *Add Lines 3 + 4* | $ 0.00 | $ 24,072.70 |

## 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* | $ 0.00 | $ 27,966.73 |
| 7. Loans Made | *Schedule H, Line 3* | 0.00 | 0.00 |
| 8. SUBTOTAL CASH PAYMENTS | *Add Lines 6 + 7* | $ 0.00 | $ 27,966.73 |
| 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* | $ 0.00 | $ 27,966.73 |

## 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* | $ 149.83 |
| 13. Cash Receipts | *Column A, Line 3 above* | 0.00 |
| 14. Miscellaneous Increases to Cash | *Schedule I, Line 4* | 1.02 |
| 15. Cash Payments | *Column A, Line 8 above* | 0.00 |
| 16. **ENDING CASH BALANCE** | *Add Lines 12 + 13 + 14, then subtract Line 15* | $ 150.85 |

*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* | $ 3,650.00 |

# 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: Tom Brewer

I.D. NUMBER: 1318486

| 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. ..... $ 1.02
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** $ 1.02