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

City of Torrance

FPPC CAMPAIGN DISCLOSURE STATEMENT

Tom Brewer
23424 Evalyn Ave.
Torrance, CA. 90505-4512
310 530-1365
tccbre@ucla.edu

Office Sought: **Councilmember**, Torrance **2010**
Committee ID #: **1318486**
Name of Committee:
Re-elect Tom Brewer to City Council 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	5/20/2009
Form 410 (Copy) Statement of Organization	2010 General Municipal Election	N/A	5/20/2009
Form 410 (Copy) Statement of Organization Amendment – Change Committee Name	2010 General Municipal Election	N/A	5/29/2009
Form 410 (Copy) Statement of Organization from Secretary of State Not qualified yet	2010 General Municipal Election	N/A	6/1/2009
Form 410 (Copy) Statement of Organization – Amendment from Secretary of State Change Committee Name - Qualify	2010 General Municipal Election	N/A	7/13/2009
Form 410 (Copy) Statement of Organization Amendment Add Bank Account	2010 General Municipal Election	N/A	8/6/09
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.

SEE INSTRUCTIONS ON REVERSE

RECEIVED
Date Stamp
2010 MAR 22 PM 4:

COVER PAGE

CALIFORNIA FORM 460

Page 1 of 16

For Official Use Only

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

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

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:

- [x] 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: 1318486

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

STREET ADDRESS (NO P.O. BOX)
23020 Crenshaw Blvd.

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Torrance	CA	90505	310 530-1365

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS
310 530-1413

Treasurer(s)

NAME OF TREASURER
Helen A. Nowatka

MAILING ADDRESS
23020 Crenshaw Blvd

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Torrance	CA	90505	310 530-1365

NAME OF ASSISTANT TREASURER, IF ANY
Tom Brewer

MAILING ADDRESS
23020 Crenshaw Blvd

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Torrance	CA	90505	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 and correct.

Executed on 3/22/2010 (Date) By [redacted]
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on 3/22/2010 (Date) By [redacted]
Signature of Controlling Officeholder, Candidate, State Measure Proponent

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.

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
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	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	☐ SUPPORT ☐ OPPOSE
N/A		
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 01/01/2010
through 03/17/2010

CALIFORNIA FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Re-Elect Tom Brewer to City Council 2010

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*	$ 6,679.00	$ 15,422.00
2. Loans Received	*Schedule B, Line 3*	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS	*Add Lines 1 + 2*	$ 6,679.00	$ 15,422.00
4. Nonmonetary Contributions	*Schedule C, Line 3*	624.57	1,700.58
5. TOTAL CONTRIBUTIONS RECEIVED	*Add Lines 3 + 4*	$ 7,303.57	$ 17,122.58

Expenditures Made

6. Payments Made	*Schedule E, Line 4*	$ 8,112.72	$ 11,584.25
7. Loans Made	*Schedule H, Line 3*	0.00	0.00
8. SUBTOTAL CASH PAYMENTS	*Add Lines 6 + 7*	$ 8,112.72	$ 11,584.25
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*	$ 8,112.72	$ 11,584.25

Current Cash Statement

12. Beginning Cash Balance	*Previous Summary Page, Line 16*	$ 5,271.97
13. Cash Receipts	*Column A, Line 3 above*	6,679.00
14. Miscellaneous Increases to Cash	*Schedule I, Line 4*	1.35
15. Cash Payments	*Column A, Line 8 above*	8,112.72
16. **ENDING CASH BALANCE**	*Add Lines 12 + 13 + 14, then subtract Line 15*	$ 3,839.60

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*	$ 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).

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	$ 0.00	$ 0.00
21. Expenditures Made	$ 0.00	$ 0.00

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.

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

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Re-Elect Tom Brewer to City Council 2010

I.D. NUMBER
1318486

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	Carolin Keith-Wade [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Manager Exxon Mobile	100.00	190.00	190.00
1/27/10	Bell Cab Mngmnt 13030 Cerise Ave Hawthorne, CA 90250	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		500.00	500.00	500.00
1/27/10	Butterfield Communications Ports O'Call San Pedro, CA 90731	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		100.00	100.00	100.00
2/2/10	Robert Katherman [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Engineer The Katherman Co.	100.00	100.00	100.00
2/16/10	Charles Payne [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	200.00	250.00	250.00
			SUBTOTAL $	1,000.00		

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) ..... $ 5,434.00
2. Amount received this period – unitemized monetary contributions of less than $100 ..... $ 1,245.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL $ 6,679.00

*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

CALIFORNIA FORM 460

NAME OF FILER
Re-Elect Tom Brewer to City Council 2010

I.D. NUMBER
1318486

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)
2/22/10	Russell LaFevre [redacted]	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Self-employed engineer	90.00	180.00	180.00
2/22/10	Scott Douglas [redacted]	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Investor Town & Country Investors	1,000.00	1,000.00	1,000.00
2/23/10	Jeannine Frandsen [redacted]	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Retired	100.00	100.00	100.00
2/23/10	Pioneer Theatres 2500 Redondo Beach Blvd Torrance, CA 90504	☐IND ☐COM ☑OTH ☐PTY ☐SCC		500.00	500.00	500.00
3/3/10	Jim Ellingson [redacted]	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Retired	90.00	140.00	140.00
			SUBTOTAL $	1,780.00		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)

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

CALIFORNIA FORM 460

NAME OF FILER
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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)
3/3/10	Leonard Holland [redacted]	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Retired	90.00	180.00	180.00
3/3/10	Richard Johnson [redacted]	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Dept. Director The Aerospace Corp.	100.00	200.00	200.00
3/5/10	John Alter [redacted]	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Attorney Joh Edward Alter	90.00	140.00	140.00
3/8/10	Steve Polcari [redacted]	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Pricing Manager Northrop	50.00	140.00	140.00
3/8/10	Jean Adelsman [redacted]	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Retired	50.00	100.00	100.00
			SUBTOTAL $	380.00		

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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

CALIFORNIA FORM 460

NAME OF FILER
Re-Elect Tom Brewer to City Council 2010

I.D. NUMBER
1318486

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)
3/8/10	Derek Kendall [redacted]	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Retired	90.00	180.00	180.00
3/8/10	Robert Gerber [redacted]	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Owner Gerber Ambulance	500.00	1,000.00	1,000.00
3/8/10	Hazel Taniguchi [redacted]	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Retired	50.00	100.00	100.00
3/8/10	Cindy Scotto [redacted]	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Self-employed Frank Scotto Towing	99.00	139.00	139.00
3/8/10	Ann Smisek [redacted]	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Retired	90.00	390.00	390.00
			SUBTOTAL $	829.00		

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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 01/01/10
through 03/17/10

CALIFORNIA FORM 460

NAME OF FILER
Re-Elect Tom Brewer to City Council 2010Dave

I.D. NUMBER
1318486

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)
03/08/10	Dave Sargent [redacted]	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Retired	90.00	180.00	180.00
3/08/10	E. Lenore Johnson [redacted]	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Retired	25.00	115.00	115.00
3/9/10	Stefan Wolowicz [redacted]	☑IND ☐COM ☐OTH ☐PTY ☐SCC	President Zdonek & Wolowicz	100.00	100.00	100.00
3/9/10	Leilani Kimmel-Dagostino [redacted]	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Financil Consultant PFS Investments	50.00	100.00	100.00
3/9/10	Wm. Dundore [redacted]	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Retired	180.00	330.00	330.00
			SUBTOTAL $	445.00		

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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

CALIFORNIA FORM 460

NAME OF FILER
Re-Elect Tom Brewer to City Council 2010

I.D. NUMBER
1318486

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)
3/9/10	Cindy Macha [redacted]	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Museum Director SC Historical Aviation Foundation	90.00	140.00	140.00
3/9/10	Mary Hoffman [redacted]	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Teacher TUSD	90.00	180.00	180.00
3/10/10	Robet Van Lingen [redacted]	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Self-employed Van Lingen Towing	90.00	590.00	590.00
3/10/10	Dennis Johnson [redacted]	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Retired	90.00	180.00	180.00
3/12/10	Joyce Jimenez [redacted]	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Retired	90.00	180.00	180.00
			SUBTOTAL $	450.00		

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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 01/01/10
through 03/17/10

CALIFORNIA FORM 460

NAME OF FILER
Re-Elect Tom Brewer to City Council 2010Dave

I.D. NUMBER
1318486

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)
3/12/10	Ray Uchima [redacted]	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Property Mgmt. Uchima Corp	50.00	150.00	150.00
3/12/10	Frank Miles [redacted]	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Retired	100.00	190.00	190.00
3/15/10	Sandi Monda [redacted]	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Retired	50.00	300.00	300.00
3/15/10	Donna Spreitzer [redacted]	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Homemaker	50.00	150.00	150.00
3/16/10	Steve Hara [redacted]	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Teacher TUSD	150.00	150.00	150.00
			SUBTOTAL $	400.00		

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IND – Individual
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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
Re-Elect Tom Brewer to City Council 2010

I.D. NUMBER
1318486

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)
3/16/10	Fred Peitzman [redacted]	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Retired	50.00	100.00	100.00
3/16/10	Norm LaCaze [redacted]	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Self employed Rolling Hills Plaza	100.00	100.00	100.00
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				
			SUBTOTAL $	150.00		

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OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

Schedule C
Nonmonetary Contributions Received

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

SCHEDULE C

CALIFORNIA FORM 460

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

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Re-Elect Tom Brewer to City Council 2010

I.D. NUMBER
1318486

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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
3/15/10	Sandi Monda [redacted]	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Retired	Supplies for fundraiser	124.57	247.02	247.02
3/17/10	West End 4343 Spencer Torrance, CA 90503	☐IND ☐COM ☐OTH ☐PTY ☐SCC		Room Rental	500.00	500.00	500.00
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					

Attach additional information on appropriately labeled continuation sheets. **SUBTOTAL $** 624.57

Schedule C Summary

1. Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.) ..... $ 624.57
2. Amount received this period – unitemized nonmonetary contributions of less than $100 ..... $ 0.00
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... **TOTAL $** 624.57

*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.

SCHEDULE E

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

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Re-Elect Tom Brewer to City Council 2010

I.D. NUMBER
1318486

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.
CNS campaign consultants
CTB contribution (explain nonmonetary)*
CVC civic donations
FIL candidate filing/ballot fees
FND fundraising events
IND independent expenditure supporting/opposing others (explain)*
LEG legal defense
LIT campaign literature and mailings
MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads
RAD radio airtime and production costs
RFD returned contributions
SAL campaign workers' salaries
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
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
AMAC 114 S Catalina Ave Redondo Beach, CA 90277	LIT	Campaigh signs & wires	1,453.09
Nowatka & Associates 23020 Crenshaw Blvd Torrance, CA 90505	CNS	February Consulting	200.00

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

SUBTOTAL $ 1,853.09

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ..... $ 7,867.63
2. Unitemized payments made this period of under $100 ..... $ 245.09
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 $** 8,112.72

Schedule E
(Continuation Sheet)
Payments Made

Type or print in ink.
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Statement covers period
from 01/01/2010
through 03/17/2010

CALIFORNIA FORM **460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Re-Elect Tom Brewer to City Council 2010

I.D. NUMBER
1318486

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CMP campaign paraphernalia/misc.
CNS campaign consultants
CTB contribution (explain nonmonetary)*
CVC civic donations
FIL candidate filing/ballot fees
FND fundraising events
IND independent expenditure supporting/opposing others (explain)*
LEG legal defense
LIT campaign literature and mailings
MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads
RAD radio airtime and production costs
RFD returned contributions
SAL campaign workers' salaries
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
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	February Consulting	300.00
Nowatka & Associates 23020 Crenshaw Blvd Torrance, CA 90505	CNS	March Consulting	500.00
Printing Graphics 21236 S Western Ave Torrance, CA 90501	LIT	500 Flyers	137.19
US Post Office Marcelina Torrance, CA 90503	POS	Stamps	176.00
Personally Done 40730 W Walker Way Maricopa, AZ 85238	LIT	Envelopes	135.00

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

SUBTOTAL $ 1,248.19

Schedule E
(Continuation Sheet)
Payments Made

SEE INSTRUCTIONS ON REVERSE

Type or print in ink.
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Statement covers period
from 01/01/2010
through 03/17/2010

CALIFORNIA FORM 460

NAME OF FILER
Re-Elect Tom Brewer to City Council 2010

I.D. NUMBER
1318486

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.
CNS campaign consultants
CTB contribution (explain nonmonetary)*
CVC civic donations
FIL candidate filing/ballot fees
FND fundraising events
IND independent expenditure supporting/opposing others (explain)*
LEG legal defense
LIT campaign literature and mailings
MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
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TRC candidate travel, lodging, and meals
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TSF transfer between committees of the same candidate/sponsor
VOT voter registration
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 mailers	3,735.60
City of Torrance 3031 Torrance Blvd Torrance, CA 90503	FIL	Ballot Statement	400.00
Billy's 5160 W 190th St Torrance, CA 90503	FND	Food for fundraiser	630.75

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

SUBTOTAL $ 4,766.35

Schedule I
Miscellaneous Increases to Cash

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

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

SCHEDULE I
CALIFORNIA FORM 460
Page 16 **of** 16

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Re-Elect Tom Brewer to City Council 2010

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 $

Schedule I Summary

1. Itemized increases to cash this period. ..... $ 0.00
2. Unitemized increases to cash of under $100 this period. ..... $ 1.35
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** $ 1.35