Login Portal

Log me into :
Overnite Shipping

[redacted]

New Customer? Start here.

Tracking Number:

[redacted]

Tracking

Shipment Number: 32231-001665-V10
Billed To Account Number: 32231
Shipper's Billing Reference: BROWNING
Shipper Name: STEPHENE JOHNSON
Special Instructions:
Data Input Scan: IRVINE 5/27/2010 2:21:48 AM

Attention: SUE HERBERS-CITY CLERK
Company / Residence: TORRANCE CITY CLERK
Destination Address: 3031 TORRANCE BLVD. Ste/Flr:
City: TORRANCE ZIP: 9050
Delivery Service: Next Day Overnite

Delivery Scan: TORRANCE 5/27/2010 11:36:00 AM

Recipient Signature: **PINEDA**
Delivery Time: 11:36:00 AM Date: 5/27/

[redacted]

G. Pined

New Customer Center

Open an Account
Norco Brochure
Overnite Express Info Pack
ASAP Info Pack

Announcements

Holiday Schedule
Visual Proof of Delivery is the Hottest Craze

Additional Links

Overnite Rate Calculator
Multi Shipment Tracking
Service Guide

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OverniteExpress

32231-001665-V10

Next Day Overnite -- P

Zone:200

Bill To:32231 Date: 5/26/2010

From:Stephene Johnson
David Gould Company
555 S. Flower Street
Ste:4210
Los Angeles , CA 90071
2134894792

Billing Reference:Browning

To:Sue Herbers-City Clerk
Torrance City Clerk
3031 Torrance Blvd.
Ste:
Torrance , CA 90509
3106182870

SPECIAL INSTRUCTIONS:

Number of Pieces: 1

OVERNITE

2010 MAY 26 AM 9:48
CITY CLERK'S OFFICE

Please fold this page in half and place it in the pouch on your shipment. Only one copy is required by Overnite Express.
WARNING: Use only the printed label for shipping. Using a photocopy of this label for shipping purposes is fraudulent and could result in additional billing charges, along with cancellation of your Overnite Express account or OverniteShip Online Profile. Shipments with invalid account or credit card numbers will not be delivered.

COVER PAGE

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200 - 84216.5)

Date Stamp

2010 MAY 28 AM

CITY CLERK'S OFFICE

CALIFORNIA FORM **460**

A For Official Use Only

Statement covers period

from 03/18/2010

through 05/22/2010

Date of Election if applicable:

(Month, Day, Year)

06/08/2010

1. Type of Recipient Committee:

- ☑ Officeholder, Candidate Controlled Committee
  - ○ State Candidate Election Committee
  - ○ Recall
- ☐ General Purpose Committee
  - ○ Sponsored
  - ○ Small Contributor Committee
  - ○ Political Party/Central Committee
- ☐ Ballot Measure Committee
  - ○ Primarily Formed
  - ○ Controlled
  - ○ Sponsored
- ☐ Primarily Formed Candidate Officeholder Committee

2. Type of Statement:

- ☑ Pre-election Statement
- ☐ Semi-annual Statement
- ☐ Termination Statement
- ☐ Amendment (Explain below)
- ☐ Quarterly Statement
- ☐ Special Odd-Year Report
- ☐ Supplemental Pre-election Statement - Attach Form 495

3. Committee Information

I.D. NUMBER: 1320247

COMMITTEE NAME: Friends of Dick Browning for Council 2010

STREET ADDRESS (NO P.O. BOX): 3240 Candlewood Road

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Torrance	CA	90505-7143	(213)489-4792

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS: (213) 489-4818/

Treasurer(s)

NAME OF TREASURER: David L. Gould

MAILING ADDRESS: 555 S. Flower Street, Ste. 4210

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Los Angeles	CA	90071	(213)489-4792

NAME OF ASSISTANT TREASURER, IF ANY: Michelle Moore Sanders

MAILING ADDRESS: 555 South Flower Street, Suite 4210

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Los Angeles	CA	90071	(213)489-4792

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 [redacted].

Executed on 05/24/2010 DATE [redacted] URER

Executed on 05/24/2010 DATE [redacted] T OR RESPONSIBLE OFFICER OF SPONSOR

Executed on 05/24/2010 DATE By [redacted] SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on 05/24/2010 DATE By [redacted] SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Recipient Committee Campaign Statement Cover Page - Part 2

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OF CANDIDATE

Richard "Dick" Browning

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

City Council Member, Torrance

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP CODE
3240 Candelwood Rd	Torrance	CA	90505-7143

Related Committees Not Included in this Statement: *List any committees not included in this consolidated statement that are controlled by you or which are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.*

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE?
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?
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

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

Campaign Disclosure Statement
Summary Page

Statement covers period from 03/18/2010 through 05/22/2010

CALIFORNIA FORM 460

NAME OF FILER Richard "Dick" Browning, Friends of Dick Browning for Council 2010

I.D. NUMBER 1320247

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions ..... *Schedule A, Line 3*	$ 150.00	$ 625.00
2. Loans Received ..... *Schedule B, Line 7*	0.00	15,000.00
3. SUBTOTAL CASH CONTRIBUTIONS ..... *Add Lines 1 + 2*	$ 150.00	$ 15,625.00
4. Nonmonetary Contributions ..... *Schedule C, Line 3*	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED ..... *Add Lines 3 + 4*	$ 150.00	$ 15,625.00

Expenditures Made

6. Cash Payments ..... *Schedule E, Line 4*	$ 573.19	$ 6,828.33
7. Loans Made ..... *Schedule H, Line 7*	0.00	0.00
8. SUBTOTAL CASH PAYMENTS ..... *Add Lines 6 + 7*	$ 573.19	$ 6,828.33
9. Accrued Expenses (Unpaid Bills) ..... *Schedule F, Line 3*	0.00	(0.50)
10. Nonmonetary Adjustment ..... *Schedule C, Line 3*	0.00	0.00
11. TOTAL EXPENDITURES MADE ..... *Add Lines 8 + 9 + 10*	$ 573.19	$ 6,827.83

Current Cash Statement

12. Beginning Cash Balance ..... *Previous Summary Page, Line 16*	$ 3,625.22
13. Cash Receipts ..... *Column A, Line 3 above*	150.00
14. Miscellaneous Increases to Cash ..... *Schedule I, Line 4*	0.00
15. Cash Payments ..... *Column A, Line 8 above*	573.19
16. **ENDING CASH BALANCE** ..... *Lines 12+13+14, less Line 15*	$ 3,202.03

If this is a Termination Statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED *Schedule B, Part 1, Column (b)* $ 0.00

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	$ 0.00
19. Outstanding Debts ..... *Add Line 2 + Line 9 in Column C above*	$ 14,999.50

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	$ 5,620	0
21. Expenditures Made	$ 6,823	0

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditure 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

Statement covers period
from 03/18/2010
through 05/22/2010

CALIFORNIA FORM 460

NAME OF FILER Richard "Dick" Browning, Friends of Dick Browning for Council 2010

I.D. NUMBER 1320247

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)
04/14/2010	Richard A. Root 216 Via Buena Ventura Redondo Beach, CA 90277	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired None	100.00	100.00	100.00(P10)
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
			SUBTOTAL $	100.00		

Schedule A Summary

1. Amount received this period - itemized monetary contributions.
(Include all Schedule A subtotals.) ..... $ 100.00
2. Amount received this period - unitemized monetary contributions of less than $100.
..... $ 50.00
3. Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) .....**TOTAL $** 150.00

Schedule B - Part I
Loans Received

Statement covers period from 03/18/2010 through 05/22/2010

CALIFORNIA FORM 460

NAME OF FILER Richard "Dick" Browning, Friends of Dick Browning for Council 2010

I.D. NUMBER 1320247

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Richard "Dick" Browning 3240 Candelwood Rd Torrance, CA 90505-7143 ☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired Richard Browning	$ 10,000	$ 0	☐ PAID $ 0 ☐ FORGIVEN $ 0	$ 10,000 08/17/2010 DATE DUE	0.000 % RATE $ 0	$ 10,000 08/17/2009 DATE INCURRED	CALENDAR YEAR $ 5,000 PER ELECTION $ 15,000 P10
Richard "Dick" Browning (Continued) ☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$ 5,000	$ 0	☐ PAID $ 0 ☐ FORGIVEN $ 0	$ 5,000 01/27/2011 DATE DUE	0.000 % RATE $ 0	$ 5,000 01/27/2010 DATE INCURRED	CALENDAR YEAR $ 5,000 PER ELECTION $ 15,000 P10
☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$	$	☐ PAID $ ☐ FORGIVEN $	$ DATE DUE	% RATE $	$ DATE INCURRED	CALENDAR YEAR $ PER ELECTION $
	SUBTOTAL	$ 0.00	$ 0.00	$ 15,000.00	$ 0.00			

Schedule B Summary

1. Loans received this period ..... $ 0.00
   (Total Column (b) plus unitemized loans less than $100.)

2. Loans paid or forgiven this period ..... $ 0.00
   (Total Column (c) plus loans under $100 paid or forgiven.)
   (Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) ..... **NET $** 0.00
   Enter the net here and on the Summary Page, Column A, Line 2

Schedule E
Payments Made

Statement covers period
from 03/18/2010
through 05/22/2010

CALIFORNIA FORM 460

NAME OF FILER Richard "Dick" Browning, Friends of Dick Browning for Council 2010

I.D. NUMBER 1320247

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 (explain)
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging and meals (explain)
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 OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
CapitalOne PO Box 60599 City of Industry, CA 91716-0599		See below for Credit Card Payees	548.19
City of Torrance Torrance Blvd. Torrance, CA 90501	FIL	400.00	

SUBTOTAL $ 548.19

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ..... $ 548.19
2. Unitemized payments made this period of under $100. ..... $ 25.00
3. Total interest paid this period on outstanding 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** $ 573.19