# Numark (Council 2010)
# Form 460 – Semi Annual Statement
# 7/01/09 – 12/31/09
# January 31, 2010
# Form 460 – Semi Annual Statement
# 1/01/09 – 6/30/09
# July 31, 2009

*City of Torrance*

# ***FPPC CAMPAIGN DISCLOSURE STATEMENT***

**Cliff Numark**
20721 Ladeene Ave. .
Torrance, CA. 90503
818-260-0669
No email address listed

Office Sought: **Councilmember**, Torrance **2010**
Committee ID #: **1319020**
Name of Committee:
**Cliff Numark for Council 2010**
Treasurer: Kinde Durkee 818-260-0669

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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<br>Candidate Intention Statement<br>Councilmember 2010 | 2010 General<br>Municipal Election | N/A | 6/24/2009 |
| Form 410 (Copy)<br>Statement of Organization<br>Not yet qualified | 2010 General<br>Municipal Election | N/A | 6/24/2009 |
| Form 410<br>Statement of Organization<br>from Secretary of State<br>Not yet qualified | 2010 General<br>Municipal Election | N/A | 10/01/09 |
| Form 460<br>Semi Annual Campaign Statement | 1/1/09 – 6/30/09 | 7/31/09 | 8/3/09 |
| Form 460<br>Semi Annual Campaign Statement | 7/1/09 – 12/31/09 | 1/31/10 (SUN) | 2/1/10 |
| | | | |
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Form(s) posted in BOLD posted on torrnet.com **DATE**

COVER PAGE

# Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp

RECEIVED 2010 FEB -1 AM 11:21

CALIFORNIA 2001/02 FORM **460**



For Official Use Only

COPY

SEE INSTRUCTIONS ON REVERSE

Statement covers period from 07/01/2009 through 12/31/2009

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:

- [ ] 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 1319020

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Cliff Numark For Council 2010

STREET ADDRESS (NO P.O. BOX)
20721 Ladeene Ave

CITY: Torrance | STATE: CA | ZIP CODE: 90503 | AREA CODE/PHONE: (818) 260-0669

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
1212 S Victory Blvd

CITY: Burbank | STATE: CA | ZIP CODE: 91502 | AREA CODE/PHONE:

OPTIONAL: FAX / E-MAIL ADDRESS

## Treasurer(s)

NAME OF TREASURER
Kinde Durkee

MAILING ADDRESS
1212 S Victory Blvd

CITY: Burbank | STATE: CA | ZIP CODE: 91502 | AREA CODE/PHONE: (818) 260-0669

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 correct.

Executed on 01/27/2010 (Date) By Kinde Durkee [redacted]

Executed on 01/27/2010 (Date) By Cliff Numark (Signature of Controlling Of[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

Cliff Numark

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

City Council Member, City of Torrance

| RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) | CITY | STATE | ZIP |
|---|---|---|---|
| 20721 Ladeene Ave | Torrance | CA | 90503 |

**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.

Statement covers period from 07/01/2009 through 12/31/2009

CALIFORNIA FORM 460



SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Cliff Numark For Council 2010

I.D. NUMBER
1319020

## Contributions Received

| | | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|---|---|---|---|
| 1. Monetary Contributions | Schedule A, Line 3 | $ 32323.11 | $ 32323.11 |
| 2. Loans Received | Schedule B, Line 3 | 0.00 | 0.00 |
| 3. SUBTOTAL CASH CONTRIBUTIONS | Add Lines 1 + 2 | $ 32323.11 | $ 32323.11 |
| 4. Nonmonetary Contributions | Schedule C, Line 3 | 0.00 | 0.00 |
| 5. TOTAL CONTRIBUTIONS RECEIVED | Add Lines 3 + 4 | $ 32323.11 | $ 32323.11 |

## 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 | $ 4382.96 | $ 4382.96 |
| 7. Loans Made | Schedule H, Line 3 | 0.00 | 0.00 |
| 8. SUBTOTAL CASH PAYMENTS | Add Lines 6 + 7 | $ 4382.96 | $ 4382.96 |
| 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 | $ 4382.96 | $ 4382.96 |

## 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 | $ 0.00 |
| 13. Cash Receipts | Column A, Line 3 above | 32323.11 |
| 14. Miscellaneous Increases to Cash | Schedule I, Line 4 | 0.00 |
| 15. Cash Payments | Column A, Line 8 above | 4382.96 |
| 16. **ENDING CASH BALANCE** | Add Lines 12 + 13 + 14, then subtract Line 15 | $ 27940.15 |

*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).

# Schedule A
# Monetary Contributions Received

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

SCHEDULE A

CALIFORNIA FORM **460**

Statement covers period
from 07/01/2009
through 12/31/2009



SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
**Cliff Numark For Council 2010**

I.D. NUMBER
**1319020**

| 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) |
|---|---|---|---|---|---|---|
| 10/07/2009 | Advertising & Marketing Network<br>501 Esplanade #235<br>Redondo Beach CA 90277 | ☐IND ☐COM ☒OTH ☐PTY ☐SCC | | 150.00 | 150.00 | $150.00 P2010 |
| 12/28/2009 | Patricia Alexander<br>[redacted] | ☒IND ☐COM ☐OTH ☐PTY ☐SCC | Retired<br>N/A | 100.00 | 100.00 | $100.00 P2010 |
| 12/28/2009 | Tanya Altmann<br>[redacted] | ☒IND ☐COM ☐OTH ☐PTY ☐SCC | Pediatrician<br>Community Pediatric Medical Group | 1000.00 | 1000.00 | $1000.00 P2010 |
| 12/31/2009 | Harriet Apsel<br>[redacted] | ☒IND ☐COM ☐OTH ☐PTY ☐SCC | Retired<br>N/A | 100.00 | 190.00 | $190.00 P2010 |
| 10/07/2009 | Harriet Apsel<br>[redacted] | ☒IND ☐COM ☐OTH ☐PTY ☐SCC | Retired<br>N/A | 90.00 | 190.00 | $190.00 P2010 |
| | | | SUBTOTAL $ | 1440.00 | | |

## Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) ..... $ 26390.00
2. Amount received this period – unitemized monetary contributions of less than $100 ..... $ 5933.11
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL $ 32323.11

*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 07/01/2009
through 12/31/2009

CALIFORNIA FORM 460



NAME OF FILER
Cliff Numark For Council 2010

I.D. NUMBER
1319020

| 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) |
|---|---|---|---|---|---|---|
| 11/02/2009 | Michelle Bholat<br>[redacted] | [X] IND<br>[ ] COM<br>[ ] OTH<br>[ ] PTY<br>[ ] SCC | Doctor Of Pharmacy<br>Providence Health Systems LCM Hospital | 250.00 | 250.00 | $250.00 P2010 |
| 12/31/2009 | Bob Blumenfield For Assembly 2010<br>6380 Wilshie Bl #1612<br>Los Angeles CA 90048 ID: 1313853 | [ ] IND<br>[X] COM<br>[ ] OTH<br>[ ] PTY<br>[ ] SCC | | 100.00 | 100.00 | $100.00 P2010 |
| 12/31/2009 | Joan Bradley<br>[redacted] | [X] IND<br>[ ] COM<br>[ ] OTH<br>[ ] PTY<br>[ ] SCC | Retired<br>N/A | 100.00 | 100.00 | $100.00 P2010 |
| 11/02/2009 | Elizabeth Butler<br>[redacted] | [X] IND<br>[ ] COM<br>[ ] OTH<br>[ ] PTY<br>[ ] SCC | Director of Development<br>Consumer Attorneys Of California | 250.00 | 250.00 | $250.00 P2010 |
| 12/28/2009 | Confirm Bio Sciences, Inc.<br>5663 Balboa Ave #430<br>San Diego CA 92111 | [ ] IND<br>[ ] COM<br>[X] OTH<br>[ ] PTY<br>[ ] SCC | | 500.00 | 500.00 | $500.00 P2010 |
| | | | SUBTOTAL $ | 1200.00 | | |

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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 07/01/2009
through 12/31/2009

CALIFORNIA FORM 460



NAME OF FILER
Cliff Numark For Council 2010

I.D. NUMBER
1319020

| 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) |
|---|---|---|---|---|---|---|
| 12/28/2009 | Gloria Esensten [redacted] | ☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | Retired N/A | 100.00 | 100.00 | $100.00 P2010 |
| 11/30/2009 | Mark Esensten M.D. 2167 Lambert Dr Pasadena CA 91107 | ☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | Physician City Of Hope | 1000.00 | 1000.00 | $1000.00 P2010 |
| 11/02/2009 | Jack Esensten [redacted] | ☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | Attorney Law Office Of Jack I Esensten | 1000.00 | 1000.00 | $1000.00 P2010 |
| 12/28/2009 | Suzanne Fenton [redacted] | ☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | Homemaker N/A | 250.00 | 250.00 | $250.00 P2010 |
| 12/28/2009 | Tamar Fenton [redacted] | ☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | Community Worker Sabes Jewish Community Center | 100.00 | 100.00 | $100.00 P2010 |
| | | | SUBTOTAL $ | 2450.00 | | |

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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 07/01/2009
through 12/31/2009

CALIFORNIA FORM 460



NAME OF FILER
Cliff Numark For Council 2010

I.D. NUMBER
1319020

| 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) |
|---|---|---|---|---|---|---|
| 11/30/2009 | Judith Fenton [redacted] | [X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC | Retired N/A | 1000.00 | 1000.00 | $1000.00 P2010 |
| 12/28/2009 | Elaine Frank [redacted] | [X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC | Retired N/A | 100.00 | 100.00 | $100.00 P2010 |
| 12/17/2009 | Jonathan Friedman [redacted] | [X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC | Financial Analyst Friedman Consulting | 250.00 | 250.00 | $250.00 P2010 |
| 10/07/2009 | Howard Friedman [redacted] | [X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC | Retired N/A | 100.00 | 100.00 | $100.00 P2010 |
| 12/17/2009 | David Fry [redacted] | [X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC | Attorney Munger, Tolles & Olson LLP | 350.00 | 350.00 | $350.00 P2010 |
| | | | SUBTOTAL $ | 1800.00 | | |

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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 07/01/2009
through 12/31/2009

CALIFORNIA FORM 460



NAME OF FILER
Cliff Numark For Council 2010

I.D. NUMBER
1319020

| 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) |
|---|---|---|---|---|---|---|
| 12/28/2009 | Gary Fujii [redacted] | [X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC | President<br>Molecular Express, Inc. | 250.00 | 250.00 | $250.00 P2010 |
| 11/02/2009 | Patrick Furey [redacted] | [X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC | Consultant<br>PF Consulting | 100.00 | 100.00 | $100.00 P2010 |
| 10/07/2009 | Patrick Furey [redacted] | [X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC | Attorney<br>Los Angeles County | 100.00 | 100.00 | $100.00 P2010 |
| 12/28/2009 | Tamar Galatzan [redacted] | [X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC | Deputy City Attorney<br>City Of Los Angeles | 250.00 | 250.00 | $250.00 P2010 |
| 12/31/2009 | Brent Hill [redacted] | [X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC | Consultant<br>Brent Hill Consulting | 100.00 | 100.00 | $100.00 P2010 |
| | | | SUBTOTAL $ | 800.00 | | |

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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 07/01/2009
through 12/31/2009

CALIFORNIA FORM 460



NAME OF FILER
Cliff Numark For Council 2010

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1319020

| 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) |
|---|---|---|---|---|---|---|
| 12/31/2009 | Harvey Jacobson [redacted] | ☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | Financial Services/Planning<br>California Financial Partners | 1000.00 | 1000.00 | $1000.00 P2010 |
| 12/31/2009 | Daniel Keeton [redacted] | ☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | Pastor<br>Torrance Community Church Of The Naz. | 200.00 | 200.00 | $200.00 P2010 |
| 12/17/2009 | Young Kim [redacted] | ☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | Attorney<br>Bingham McCutchen LLP | 250.00 | 250.00 | $250.00 P2010 |
| 10/07/2009 | Dale Korman [redacted] | ☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | Retired<br>N/A | 1000.00 | 1000.00 | $1000.00 P2010 |
| 10/07/2009 | Howard Korman [redacted] | ☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | Retired<br>N/A | 1000.00 | 1000.00 | $1000.00 P2010 |
| | | | SUBTOTAL $ | 3450.00 | | |

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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 07/01/2009
through 12/31/2009

CALIFORNIA FORM 460



NAME OF FILER
Cliff Numark For Council 2010

I.D. NUMBER
1319020

| 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) |
|---|---|---|---|---|---|---|
| 10/07/2009 | Michael Kraus [redacted] | [X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC | Retired N/A | 500.00 | 1000.00 | $1000.00 P2010 |
| 11/02/2009 | Michael Kraus [redacted] | [X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC | Retired N/A | 500.00 | 1000.00 | $1000.00 P2010 |
| 10/07/2009 | Les Latner [redacted] | [X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC | Dentist Westside Dental Associates - Les Latner | 500.00 | 500.00 | $500.00 P2010 |
| 12/31/2009 | Donald Lee [redacted] | [X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC | District Manager Farmers Insurance | 250.00 | 250.00 | $250.00 P2010 |
| 12/17/2009 | Tae Lee [redacted] | [X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC | Attorney Medtronic, Inc. | 1000.00 | 1000.00 | $1000.00 P2010 |
| | | | SUBTOTAL $ | 2750.00 | | |

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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 07/01/2009
through 12/31/2009

CALIFORNIA FORM 460



NAME OF FILER
Cliff Numark For Council 2010

I.D. NUMBER
1319020

| 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) |
|---|---|---|---|---|---|---|
| 12/31/2009 | Stephen Lefkovits [redacted] | [X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC | Consultant<br>Joshua Tree Consulting | 250.00 | 250.00 | $250.00 P2010 |
| 10/07/2009 | Terry Lewis-Ragins [redacted] | [X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC | School Board Member<br>Torrance Unified School District | 100.00 | 100.00 | $100.00 P2010 |
| 10/07/2009 | Sandra Monda [redacted] | [X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC | Retired<br>N/A | 100.00 | 100.00 | $100.00 P2010 |
| 12/31/2009 | John Muhm Jr. [redacted] | [X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC | Pediatrician<br>Phoenix Children's Hospital | 1000.00 | 1000.00 | $1000.00 P2010 |
| 11/02/2009 | Murakawa Communications Inc [redacted] | [ ] IND [ ] COM [X] OTH [ ] PTY [ ] SCC | | 100.00 | 100.00 | $100.00 P2010 |
| | | | SUBTOTAL $ | 1550.00 | | |

*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 07/01/2009
through 12/31/2009

CALIFORNIA FORM 460



NAME OF FILER
Cliff Numark For Council 2010

I.D. NUMBER
1319020

| 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) |
|---|---|---|---|---|---|---|
| 11/02/2009 | Suzanne Nastaskin [redacted] | ☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | Realtor<br>Igor Nastaskin ReMax | 200.00 | 200.00 | $200.00 P2010 |
| 10/07/2009 | Linden Nishinaga [redacted] | ☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | Civil Engineer<br>City Of Long Beach | 100.00 | 100.00 | $100.00 P2010 |
| 12/31/2009 | Grant Norris [redacted] | ☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | Mortgage Broker<br>Platinum Capital Group | 350.00 | 350.00 | $350.00 P2010 |
| 09/17/2009 | Diane Numark [redacted] | ☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | Senior Producer<br>Lock & Key Productions | 1000.00 | 1000.00 | $1000.00 P2010 |
| 10/07/2009 | Tracy Numark [redacted] | ☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | Teacher<br>Torrance Unified School District | 250.00 | 250.00 | $250.00 P2010 |
| | | | SUBTOTAL $ | 1900.00 | | |

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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 07/01/2009
through 12/31/2009

CALIFORNIA FORM 460



NAME OF FILER
Cliff Numark For Council 2010

I.D. NUMBER
1319020

| 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) |
|---|---|---|---|---|---|---|
| 10/07/2009 | Janet Payne [redacted] | [X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC | Retired<br>N/A | 250.00 | 250.00 | $250.00 P2010 |
| 10/07/2009 | Lee Petillon [redacted] | [X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC | Lawyer<br>Petillon Hiraide Loomis & Katz LLP | 250.00 | 250.00 | $250.00 P2010 |
| 10/07/2009 | Pettler-Miller LLP [redacted] | [ ] IND [ ] COM [X] OTH [ ] PTY [ ] SCC | | 250.00 | 250.00 | $250.00 P2010 |
| 10/07/2009 | Phenomenex Inc.<br>411 Madrid Ave<br>Torrance CA 90501 | [ ] IND [ ] COM [X] OTH [ ] PTY [ ] SCC | | 250.00 | 250.00 | $250.00 P2010 |
| 11/30/2009 | Pioneer Theatres Inc<br>2500 Redondo Beach Bl<br>Torrance CA 90504 | [ ] IND [ ] COM [X] OTH [ ] PTY [ ] SCC | | 500.00 | 500.00 | $500.00 P2010 |
| | | | SUBTOTAL $ | 1500.00 | | |

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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 07/01/2009
through 12/31/2009

CALIFORNIA FORM 460



NAME OF FILER
Cliff Numark For Council 2010

I.D. NUMBER
1319020

| 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) |
|---|---|---|---|---|---|---|
| 10/07/2009 | Pamela Popovich [redacted] | [X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC | Retired<br>N/A | 100.00 | 100.00 | $100.00 P2010 |
| 10/07/2009 | Porzucki Consulting Inc<br>19426 Linda Dr<br>Torrance CA 90503 | [ ] IND [ ] COM [X] OTH [ ] PTY [ ] SCC | | 250.00 | 250.00 | $250.00 P2010 |
| 10/07/2009 | Mark Reichard [redacted] | [X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC | Retired<br>N/A | 100.00 | 100.00 | $100.00 P2010 |
| 12/28/2009 | Louise Remer [redacted] | [X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC | Retired<br>N/A | 250.00 | 250.00 | $250.00 P2010 |
| 12/17/2009 | Edward Renwick [redacted] | [X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC | Private Equity Investor<br>The Yucaipa Companies | 1000.00 | 1000.00 | $1000.00 P2010 |
| | | | SUBTOTAL $ | 1700.00 | | |

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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 07/01/2009
through 12/31/2009

CALIFORNIA FORM 460



NAME OF FILER
Cliff Numark For Council 2010

I.D. NUMBER
1319020

| 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) |
|---|---|---|---|---|---|---|
| 10/07/2009 | Susan Rhilinger [redacted] | ☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | City Councilmember<br>City Of Torrance | 100.00 | 100.00 | $100.00 P2010 |
| 12/17/2009 | Scott Richland [redacted] | ☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | Private Investor<br>Scott Richland | 1000.00 | 1000.00 | $1000.00 P2010 |
| 10/07/2009 | Geralene Rische [redacted] | ☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | Retired<br>N/A | 100.00 | 100.00 | $100.00 P2010 |
| 12/28/2009 | Carol Risher [redacted] | ☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | Benefits Administrator<br>California Cartage | 150.00 | 150.00 | $150.00 P2010 |
| 10/07/2009 | Gerald Ronan [redacted] | ☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | Retired<br>N/A | 100.00 | 100.00 | $100.00 P2010 |
| | | | SUBTOTAL $ | 1450.00 | | |

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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 07/01/2009
through 12/31/2009

CALIFORNIA FORM 460



NAME OF FILER
Cliff Numark For Council 2010

I.D. NUMBER
1319020

| 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) |
|---|---|---|---|---|---|---|
| 10/07/2009 | Dick Rossberg [redacted] | ☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | Retired<br>N/A | 200.00 | 200.00 | $200.00 P2010 |
| 12/31/2009 | Toni Sargent [redacted] | ☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | Retired<br>N/A | 100.00 | 100.00 | $100.00 P2010 |
| 11/02/2009 | Alan Schwartz [redacted] | ☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | Consultant<br>Alliance Management Consultant | 250.00 | 250.00 | $250.00 P2010 |
| 10/07/2009 | Alex See [redacted] | ☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | Project Manager<br>Acta Inc | 150.00 | 150.00 | $150.00 P2010 |
| 12/31/2009 | Gina Shishima [redacted] | ☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | Attorney<br>Fulbright & Jaworski | 150.00 | 150.00 | $150.00 P2010 |
| | | | SUBTOTAL $ | 850.00 | | |

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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 07/01/2009
through 12/31/2009

CALIFORNIA FORM 460



NAME OF FILER
Cliff Numark For Council 2010

I.D. NUMBER
1319020

| 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) |
|---|---|---|---|---|---|---|
| 10/07/2009 | Ann Smisek<br>[redacted] | ☒ IND<br>☐ COM<br>☐ OTH<br>☐ PTY<br>☐ SCC | Retired<br>N/A | 1000.00 | 1000.00 | $1000.00 P2010 |
| 11/02/2009 | Spicetel Inc<br>23215 Hawthorne Blvd #E<br>Torrance CA 90505 | ☐ IND<br>☐ COM<br>☒ OTH<br>☐ PTY<br>☐ SCC | | 100.00 | 100.00 | $100.00 P2010 |
| 10/07/2009 | William Sutherland<br>[redacted] | ☒ IND<br>☐ COM<br>☐ OTH<br>☐ PTY<br>☐ SCC | Contractor<br>William Sutherland | 100.00 | 100.00 | $100.00 P2010 |
| 12/31/2009 | Allen Tucker<br>[redacted] | ☒ IND<br>☐ COM<br>☐ OTH<br>☐ PTY<br>☐ SCC | Security Director<br>Pelican Products | 250.00 | 250.00 | $250.00 P2010 |
| 12/17/2009 | Eric Wang<br>[redacted] | ☒ IND<br>☐ COM<br>☐ OTH<br>☐ PTY<br>☐ SCC | Attorney<br>Eric Wang | 500.00 | 500.00 | $500.00 P2010 |
| | | | SUBTOTAL $ | 1950.00 | | |

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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 07/01/2009
through 12/31/2009

CALIFORNIA FORM 460



NAME OF FILER
Cliff Numark For Council 2010

I.D. NUMBER
1319020

| 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) |
|---|---|---|---|---|---|---|
| 10/07/2009 | Kurt Weideman [redacted] | [X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC | Retired N/A | 100.00 | 100.00 | $100.00 P2010 |
| 08/25/2009 | Wendy Wengrow [redacted] | [X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC | Retired N/A | 250.00 | 1000.00 | $1000.00 P2010 |
| 09/17/2009 | Wendy Wengrow [redacted] | [X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC | Retired N/A | 750.00 | 1000.00 | $1000.00 P2010 |
| 11/30/2009 | Michael Wermers [redacted] | [X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC | Sales GPSD Inc. | 200.00 | 200.00 | $200.00 P2010 |
| 12/17/2009 | Stephen Whitburn [redacted] | [X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC | Public Affairs Manager American Red Cross | 100.00 | 100.00 | $100.00 P2010 |
| | | | SUBTOTAL $ | 1400.00 | | |

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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 07/01/2009
through 12/31/2009

CALIFORNIA FORM 460



NAME OF FILER
Cliff Numark For Council 2010

I.D. NUMBER
1319020

| 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) |
|---|---|---|---|---|---|---|
| 10/07/2009 | Hope Witkowsky [redacted] | ☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | Consultant Witkowsky & Assoc. Inc | 100.00 | 100.00 | $100.00 P2010 |
| 11/02/2009 | Rex Yanase [redacted] | ☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | Dentist Roy T. Yanase, DDS, APC | 100.00 | 100.00 | $100.00 P2010 |
| | | ☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | | | | |
| | | ☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | | | | |
| | | ☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | | | | |
| | | | SUBTOTAL $ | 200.00 | | |

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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.

Statement covers period
from 07/01/2009
through 12/31/2009

CALIFORNIA FORM **460**



SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
**Cliff Numark For Council 2010**

I.D. NUMBER
**1319020**

**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 |
|---|---|---|---|
| Bank Of America<br>1825 Buckeye Rd<br>Phoenix AZ 85072-3121 | FND | | 1724.12 |
| Buffalo Fire Department<br>1261 Cabrillo Ave<br>Torrance CA 90501 | FND | | Memo:<br>928.45 |
| ConstantContact<br>1601 Trapelo Rd #329<br>Waltham MA 02451 | WEB | | Memo:<br>306.00 |

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

SUBTOTAL $ 1724.12

## Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ..... $ 4314.11
2. Unitemized payments made this period of under $100 ..... $ 68.85
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... $ 0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... TOTAL $ 4382.96

# Schedule E
## (Continuation Sheet)
## Payments Made

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

Statement covers period
from 07/01/2009
through 12/31/2009

CALIFORNIA FORM **460**



SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
**Cliff Numark For Council 2010**

I.D. NUMBER
**1319020**

**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 |
|---|---|---|---|
| Office Depot<br>19800 Hawthorne Bl #248<br>Torrance CA 90503 | OFC | | Memo:<br>42.77 |
| Postal Solutions<br>4733 Torrance Blvd<br>Torrance CA 90503 | POS | | Memo:<br>367.00 |
| Yahoo! USA<br>721 First Ave<br>Sunnyvale CA 94089 | WEB | | Memo:<br>79.90 |
| Bank Of America<br>1825 Buckeye Rd<br>Phoenix AZ 85072-3121 | POS | | 137.95 |
| Postal Solutions<br>4733 Torrance Blvd<br>Torrance CA 90503 | POS | | Memo:<br>99.00 |

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

SUBTOTAL $ 137.95

# Schedule E (Continuation Sheet) Payments Made

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

Statement covers period from 07/01/2009 through 12/31/2009

CALIFORNIA FORM 460



SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Cliff Numark For Council 2010

I.D. NUMBER
1319020

**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 |
|---|---|---|---|
| Yahoo! USA<br>721 First Ave<br>Sunnyvale CA 94089 | WEB | | Memo: 39.95 |
| Bank Of America<br>1825 Buckeye Rd<br>Phoenix AZ 85072-3121 | WEB | | 152.01 |
| US Postmaster<br>2510 Monterey St<br>Torrance CA 90503 | POS | | Memo: 15.84 |
| Yahoo! USA<br>721 First Ave<br>Sunnyvale CA 94089 | WEB | | Memo: 138.04 |
| Durkee & Associates<br>1212 S Victory Bl<br>Burbank CA 91502 | PRO | | 178.74 |

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

SUBTOTAL $ 330.75

# Schedule E (Continuation Sheet) Payments Made

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

Statement covers period from 07/01/2009 through 12/31/2009

CALIFORNIA FORM 460



SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Cliff Numark For Council 2010

I.D. NUMBER
1319020

**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 |
|---|---|---|---|
| Durkee & Associates<br>1212 S Victory Bl<br>Burbank CA 91502 | PRO | | 76.84 |
| Durkee & Associates<br>1212 S Victory Bl<br>Burbank CA 91502 | PRO | | 433.19 |
| Diane Numark<br>20721 Ladeene Ave<br>Torrance CA 90503 | LIT | | 295.23 |
| AMAC<br>114 S Catalina Av<br>Redondo Beach CA 90277 | LIT | | Memo: 295.23 |
| Paypal<br>2211 N 1st St<br>San Jose CA 95131 | OFC | | 9.30 |

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

SUBTOTAL $ 814.56

# Schedule E (Continuation Sheet) Payments Made

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

Statement covers period from 07/01/2009 through 12/31/2009

CALIFORNIA FORM 460



SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Cliff Numark For Council 2010

I.D. NUMBER
1319020

**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 |
|---|---|---|---|
| Paypal<br>2211 N 1st St<br>San Jose CA 95131 | OFC | | 69.20 |
| Paypal<br>2211 N 1st St<br>San Jose CA 95131 | OFC | | 140.57 |
| Paypal<br>2211 N 1st St<br>San Jose CA 95131 | OFC | | 96.96 |
| SJA Strategies Inc<br>2934 1/2 Beverly Glen Cir #284<br>Los Angeles CA 90077 | CNS | | 1000.00 |
| | | | |

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

SUBTOTAL $ 1306.73

# Filing Notes

| Form/Schedule | Reference No. | Text |
|---|---|---|
| E | TEXT0000000000676849 | Payment to Buffalo Fire Department was for a meal at a campaign fundraiser on 10/4/09. 77 people attended including the candidate and one member of his family. The candidate was the only person present with the ability to authorize checks. |

| Form/Schedule | Reference No. | Text |
|---|---|---|
| | | |

| Form/Schedule | Reference No. | Text |
|---|---|---|
| | | |

*City of Torrance*

# ***FPPC CAMPAIGN DISCLOSURE STATEMENT***

**Cliff Numark**
20721 Ladeene Ave. .
Torrance, CA. 90503
818-260-0669
No email address listed

Office Sought: **Councilmember**, Torrance **2010**
Committee ID #: **1319020**
Name of Committee:
**Cliff Numark for Council 2010**
Treasurer: Kinde Durkee 818-260-0669

==========

**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.

==========

| FORM | PERIOD COVERED | DATE DUE | DATE FILED |
|---|---|---|---|
| Form 501<br>Candidate Intention Statement<br>Councilmember 2010 | 2010 General<br>Municipal Election | N/A | 6/24/2009 |
| Form 410 (Copy)<br>Statement of Organization<br>Not yet qualified | 2010 General<br>Municipal Election | N/A | 6/24/2009 |
| Form 410<br>Statement of Organization<br>from Secretary of State<br>Not yet qualified | 2010 General<br>Municipal Election | N/A | 10/01/09 |
| Form 460<br>Semi Annual Campaign Statement | 1/1/09 – 6/30/09 | 7/31/09 | 8/3/09 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Form(s) posted in BOLD posted on torrnet.com **DATE**

# Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

CALIFORNIA 2001/02 FORM **460**

Date Stamp: RECEIVED 2009 AUG -3 AM 8:47 CITY OF TORRANCE CITY CLERK'S OFFICE



For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Statement covers period: from 01/01/2009 through 06/30/2009

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
  - (X) State Candidate Election Committee
  - O Recall
  - (Also Complete Part 5.)
- [ ] General Purpose Committee
  - O Sponsored
  - O Small Contributor Committee
  - O Political Party/Central Committee
- [ ] Ballot Measure Committee
  - O Primary Formed
  - O Controlled
  - O Sponsored
  - (Also Complete Part 6.)
- [ ] Primary Formed Candidate/ Officeholder Committee (Also Complete Part 7.)

## 2. Type of Statement:

- [ ] Pre-election Statement
- [X] Semi-annual Statement
- [ ] Termination Statement
- [ ] Amendment (Explain below)
- [ ] Quarterly Statement
- [ ] Special Odd-Year Report
- [ ] Supplemental Preelection Statement - Attach Form 495

## 3. Committee Information

I.D.NUMBER 1319020

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE
Cliff Numark for Council 2010

STREET ADDRESS (NO P.O. BOX)
20721 Ladeene Ave

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|---|---|---|---|
| Torrance | CA | 90503 | (818) 260-0669 |

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
1212 S Victory Blvd

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|---|---|---|---|
| Burbank | CA | 91502 | |

OPTIONAL: FAX/E-MAIL ADDRESS

## Treasurer(s)

NAME OF TREASURER
Kinde Durkee

MAILING ADDRESS
1212 S Victory Blvd

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|---|---|---|---|
| Burbank | CA | 91502 | (818) 260-0669 |

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 s[redacted]the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws[redacted]g is true and correct.

Executed on 07/30/2009 (DATE) By Kinde Durkee (SIGNA[redacted])

Executed on 07/30/2009 (DATE) By Cliff Numark (SIGNATURE OF CONTROLLING OFFICEH[redacted]SPONSIBLE 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

Cliff Numark

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

City Council Member, City of Torrance

| RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) | CITY | STATE | ZIP |
|---|---|---|---|
| 20721 Ladeene Ave | Torrance | CA | 90503 |

**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 01/01/2009 through 06/30/2009

CALIFORNIA FORM 460

Page 3 of 3

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Cliff Numark For Council 2010

I.D. NUMBER
1319020

## 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 | $ 0.00 |
| 2. Loans Received | *Schedule B, Line 3* | 0.00 | 0.00 |
| 3. SUBTOTAL CASH CONTRIBUTIONS | *Add Lines 1 + 2* | $ 0.00 | $ 0.00 |
| 4. Nonmonetary Contributions | *Schedule C, Line 3* | 0.00 | 0.00 |
| 5. TOTAL CONTRIBUTIONS RECEIVED | *Add Lines 3 + 4* | $ 0.00 | $ 0.00 |

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

## Current Cash Statement

| | | |
|---|---|---|
| 12. Beginning Cash Balance | *Previous Summary Page, Line 16* | $ 0.00 |
| 13. Cash Receipts | *Column A, Line 3 above* | 0.00 |
| 14. Miscellaneous Increases to Cash | *Schedule I, Line 4* | 0.00 |
| 15. Cash Payments | *Column A, Line 8 above* | 0.00 |
| 16. **ENDING CASH BALANCE** | *Add Lines 12 + 13 + 14, then subtract Line 15* | $ 0.00 |

*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* | $ 0.00 |