

**THE MCKINNOR GROUP
MEMORANDUM**

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CITY OF TORRANCE
CITY CLERK'S OFFICE



Original to: Secretary of State
From: Tina McKinnor
Subject: F410
Committee: Torrance Voters PAC to Support Pat Furey or Mayor 2014
Date: April 18, 2014

Enclosed for filing please find the following form(s):

Torrance Voters PAC to Support Pat Furey or Mayor 2014 – F410 – Amendment
Torrance Voters PAC to Support Pat Furey or Mayor 2014 – F462

Please conform the face page(s) and return to the undersigned in the enclosed self addressed stamped envelope.

Thank you for your assistance

Cc: City of Torrance ✓

The McKinnor Group
Tina McKinnor
Treasurer

4001 Inglewood Ave., Bldg. 101, Ste. 162
Redondo Beach, CA 90278

Phone: 310-245-0243
ttreasurer@outlook.com

Form 462
Verification of Independent Expenditures

This verification form identifies an individual responsible for ensuring that the campaign committee's independent expenditures were not coordinated with the listed candidate or measure committee (or the opponent) and that the committee will report all contributions and reimbursements as required by law. An independent expenditure is not subject to state or local contribution limits.

Amendment (Explain)

1. Name of Committee:
 NAME OF RECIPIENT COMMITTEE, ENTITY OR INDIVIDUAL COMMITTEE ID #

Torrance Voters PAC to Support Pat Furey for Mayor 2014 **1363189**

BUSINESS STREET ADDRESS CITY

3740 Santa Rosalia Dr., Unit 208 **Los Angeles**

STATE ZIP CODE E-MAIL TELEPHONE NUMBER

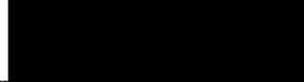
CA **90008** **treasurer@outlook.com** **(310) 245-0243**

2. Candidates or Measures:
 This committee has reported independent expenditure(s) to support or oppose the candidate(s) or measure(s) listed on a ballot for the election date identified below. (Note: The reporting of an independent expenditure may occur after this form is filed if an independent expenditure is made before the 90 day-24 hour reporting period of Government Code Sections 84204 and 85500.)

NAME OF CANDIDATE (First/Last)/BALLOT MEASURE	SUPPORT	OPPOSE	OFFICE SOUGHT OR HELD/ BALLOT NO./LETTER	JURISDICTION AND DISTRICT, IF ANY	ELECTION DATE
Pat Furey	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sought, Mayor	City of Torrance	06/03/2014
NAME OF CANDIDATE (First/Last)/BALLOT MEASURE	<input type="checkbox"/>	<input type="checkbox"/>	OFFICE SOUGHT OR HELD/ BALLOT NO./LETTER	JURISDICTION AND DISTRICT, IF ANY	ELECTION DATE
NAME OF CANDIDATE (First/Last)/BALLOT MEASURE	<input type="checkbox"/>	<input type="checkbox"/>	OFFICE SOUGHT OR HELD/ BALLOT NO./LETTER	JURISDICTION AND DISTRICT, IF ANY	ELECTION DATE
NAME OF CANDIDATE (First/Last)/BALLOT MEASURE	<input type="checkbox"/>	<input type="checkbox"/>	OFFICE SOUGHT OR HELD/ BALLOT NO./LETTER	JURISDICTION AND DISTRICT, IF ANY	ELECTION DATE

3. Verification (Check One): Principal Officer Candidate/Officeholder State Ballot Measure Proponent

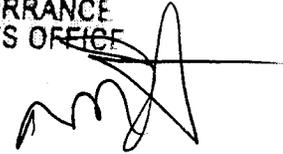
I have not received any unreported contributions or reimbursements to make these independent expenditures. I have not coordinated any expenditure made during this reporting period with the candidate or the opponent of the candidate who is the subject of the expenditure, with the proponent or the opponent of the state measure that is the subject of the expenditure, or with the agents of the candidate or the opponent of the candidate or the state measure proponent or opponent. I certify under penalty of perjury under the laws of the State of California that the following is true and correct.

Signature  Printed Name Richard Roesch Signed on 4-4-14
(month, day, year)

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A handwritten signature in black ink, appearing to be 'M. A.', written over the printed text of the City Clerk's Office.

FORM 462 Verification of Independent
Expenditures
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