Sutherland (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

ACity of Torrance

FPPC CAMPAIGN DISCLOSURE STATEMENT

Bill Sutherland
23020 Crenshaw Bl.
Torrance, CA. 90505
310 530-1365
[redacted]

Office Sought: **Councilmember**, Torrance 2010
Committee ID #: **1317940**
Name of Committee:
Committee to re-elect Bill Sutherland 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	4/17/09
Form 410 Copy Statement of Organization	2010 General / Municipal Election	N/A	4/20/09
Form 410 (Copy) Statement of Organization Amendment Change Committee Name	2010 General / Municipal Election	N/A	6/15/09
Form 460 Semi-Annual Campaign Statement	1/1/09 – 6/30/09	7/31/09	7/1/09
Form 410 (Copy) Statement of Organization Amendment Add Bank Account	2010 General / Municipal Election	N/A	7/8/09
Form 410 (Copy) Statement of Organization Amendment from Secretary of State Change Committee Name	2010 General / Municipal Election	N/A	7/13/09
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(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.

COVER PAGE

CALIFORNIA FORM **460**

Date Stamp RECEIVED 2010 JAN -7 AM 11:56

For Official Use Only COPY

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 07/01/09
through 12/31/09

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: 1317940

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Committee to Re-Elect Bill Sutherland 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
[redacted]

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
Bill Sutherland

MAILING ADDRESS
23020 Crenshaw Blvd

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

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true a[redacted]

Executed on 1/5/10 (Date) By [redacted]

Executed on 1/5/10 (Date) By [redacted]sible 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

Bill Sutherland

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	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

CALIFORNIA FORM 460

Statement covers period from 07/01/09 through 12/31/09

Page 3 of 14

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Committee to Re-Elect Bill Sutherland 2010

I.D. NUMBER: 1317940

Contributions Received

		Column A (TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES))	Column B (CALENDAR YEAR TOTAL TO DATE)
1. Monetary Contributions	*Schedule A, Line 3*	$ 10,509.00	$ 14,159.00
2. Loans Received	*Schedule B, Line 3*	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS	*Add Lines 1 + 2*	$ 10,509.00	$ 14,159.00
4. Nonmonetary Contributions	*Schedule C, Line 3*	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED	*Add Lines 3 + 4*	$ 10,509.00	$ 14,159.00

Expenditures Made

6. Payments Made	*Schedule E, Line 4*	$ 3,386.91	$ 4,335.91
7. Loans Made	*Schedule H, Line 3*	0.00	0.00
8. SUBTOTAL CASH PAYMENTS	*Add Lines 6 + 7*	$ 3,386.91	$ 4,335.91
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*	$ 3,386.91	$ 4,335.91

Current Cash Statement

12. Beginning Cash Balance	*Previous Summary Page, Line 16*	$ 2,701.00
13. Cash Receipts	*Column A, Line 3 above*	10,509.00
14. Miscellaneous Increases to Cash	*Schedule I, Line 4*	16.98
15. Cash Payments	*Column A, Line 8 above*	3,386.91
16. **ENDING CASH BALANCE**	*Add Lines 12 + 13 + 14, then subtract Line 15*	$ 9,840.07

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	$	$

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

CALIFORNIA FORM **460**

Statement covers period
from 07/01/09
through 12/31/09

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Committee to Re-Elect Bill Sutherland 2010

I.D. NUMBER
1317940

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)
7/1/09	Frank Butler [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	100.00	100.00	100.00
7/1/09	Amy Coury [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	100.00	100.00	100.00
7/1/09	Bronco Popovich [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Inspector LAUSD	585.00	585.00	585.00
7/1/09	Jerry Ronan [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	100.00	100.00	100.00
7/3/09	James Wood [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	100.00	100.00	100.00
			SUBTOTAL $	985.00		

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) ..... $ 7,255.00
2. Amount received this period – unitemized monetary contributions of less than $100 ..... $ 3,254.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL $** 10,509.00

*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 07/01/09
through 12/31/09

CALIFORNIA FORM 460

NAME OF FILER
Committee to Re-Elect Bill Sutherland 2010

I.D. NUMBER
1317940

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)
7/7/09	Cindy Macha [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Director Western Museum of Flight	50.00	100.00	100.00
7/7/09	William Dundore [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	100.00	100.00	100.00
7/7/09	Steve Wolowicz [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	CPA Zoonek & Wolowicz	100.00	100.00	100.00
7/13/09	William Beverly [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney Law Ofcs of Wm. J. Beverly	100.00	100.00	100.00
7/15/09	Jimmy Naumovski [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Tailor Jimmy the Tailor	100.00	100.00	100.00
			SUBTOTAL $	450.00		

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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 07/01/09
through 12/31/09

CALIFORNIA FORM **460**

NAME OF FILER
Committee to Re-Elect Bill Sutherland 2010

I.D. NUMBER
1317940

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)
7/22/09	Don Lee [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	District Mgr. Farmers Insurance	100.00	100.00	100.00
7/22/09	Cliff Numark [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Administrator Red Cross	100.00	100.00	100.00
7/22/09	Susan Rhilinger [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	100.00	100.00	100.00
7/22/09	Gerry Rische [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	100.00	100.00	100.00
7/22/09	Ed Solt [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	VP Sales PCO, Inc	170.00	170.00	170.00
			SUBTOTAL $	570.00		

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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 07/01/09
through 12/31/09

CALIFORNIA FORM 460

NAME OF FILER
Committee to Re-Elect Bill Sutherland 2010

I.D. NUMBER
1317940

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)
7/22/09	Ray Frew [redacted]	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC	President Green Hills Memorial Park	500.00	500.00	500.00
7/22/09	Arun Bhumitra [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Owner Arjay Telecom	250.00	500.00	500.00
7/24/09	Peggy Fisher [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	100.00	100.00	100.00
7/24/09	Robert Gerber [redacted]	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC	Pres/CEO Gerber Ambulance	1,000.00	1,000.00	1,000.00
7/27/09	Bob Holmes [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Self- Mgmt Consultant	100.00	100.00	100.00
			SUBTOTAL $	1,950.00		

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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 07/01/09
through 12/31/09

CALIFORNIA FORM 460

NAME OF FILER
Committee to Re-Elect Bill Sutherland 2010

I.D. NUMBER
1317940

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)
8/3/09	Robert Katherman [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Environmental Engr Katherman Co	100.00	100.00	100.00
8/3/09	Michael Wermers [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Self GPSD, iNC.	100.00	100.00	100.00
8/10/09	Mike Calin [redacted]	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC	Mgmt Bell Cab	500.00	500.00	500.00
8/20/09	Ray Roulette [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	50.00	135.00	135.00
8/24/09	Angie Papadakis [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Self- Writer/Speaker	50.00	150.00	150.00
			SUBTOTAL $	800.00		

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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 07/01/09
through 12/31/09

CALIFORNIA FORM 460

NAME OF FILER
Committee to Re-Elect Bill Sutherland 2010

I.D. NUMBER
1317940

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)
9/2/09	Scott Douglas [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Investor Town & Country Invests.	1,000.00	1,000.00	1,000.00
9/2/09	Steve Kuykendall [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	100.00	100.00	100.00
9/11/09	John Schoen [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Mgmt A & M Network	100.00	100.00	100.00
9/17/09	Ralph Martin [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Owner Torrance Flight Park	500.00	500.00	500.00
9/21/09	Terry Ragins [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Occupational Therapist No Employer	100.00	100.00	100.00
			SUBTOTAL $	1,800.00		

*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 07/01/09
through 12/31/09

CALIFORNIA FORM 460

NAME OF FILER
Committee to Re-Elect Bill Sutherland 2010

I.D. NUMBER
1317940

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)
11/12/09	Carol Dean [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Self Market Res. Consultant	100.00	100.00	100.00
11/16/09	Frank Robinson [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Owner Robinson Helicopter	500.00	500.00	500.00
12/21/09	TPSA 3031 Torrance Blvd Torrance, CA 90503	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		100.00	100.00	100.00
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
			SUBTOTAL $	700.00		

*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 E
Payments Made

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

SCHEDULE E
CALIFORNIA FORM **460**

Statement covers period
from 07/01/09
through 12/31/09

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Committee to Re-Elect Bill Sutherland 2010

I.D. NUMBER
1317940

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
Personally Done 40730 W Walker Way Maricopa, AZ 85238	LIT	Envelopes, Letterhead, Remittance forms	626.00
Nowatka & Associates 23020 Crenshaw Bl Torrance, CA 90505	FND	Supplies for fund raiser	131.30
Nowatka & Associates 23020 Crenshaw Bl Torrance, CA 90505	CNS	Consulting Fee	500.00

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

SUBTOTAL $ 1,257.30

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ..... $ 3,166.03
2. Unitemized payments made this period of under $100 ..... $ 220.88
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 $** 3,386.91

Schedule E
(Continuation Sheet)
Payments Made

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

SCHEDULE E (CONT.)

Statement covers period
from 07/01/09
through 12/31/09

CALIFORNIA FORM **460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Committee to Re-Elect Bill Sutherland 2010

I.D. NUMBER
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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
Ricky Gene's Pacific Coast Hwy Lomita, CA 90717	FND	Food for fund raiser	200.00
Rascal's 5111 Torrance Bl Torrance, CA 90503	FND	Food for Fund Raiser	128.41
Nowatka & Associates 23020 Crenshaw Bl Torrance, CA 90505	CNS	August Consuling Fee	200.00
Nowatka & Associates 23020 Crenshaw Bl Torrance, CA 90505	CNS	September Consulting Fee	200.00
Nowatka & Associates 23020 Crenshaw Bl Torrance, CA 90505	CNS	October Consulting Fee	200.00

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

SUBTOTAL $ 928.41

Schedule E
(Continuation Sheet)
Payments Made

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

SCHEDULE E (CONT.)

Statement covers period
from 07/01/09
through 12/31/09

CALIFORNIA FORM **460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Committee to Re-Elect Bill Sutherland 2010

I.D. NUMBER
1317940

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
Nowatka & Associates 23020 Crenshaw Bl Torrance, CA 90505	CNS	November Consulting Fee	200.00
Nowatka & Associates 23020 Crenshaw Bl Torrance, CA 90505	CNS	December Consulting Fee	200.00
Personally Done 40730 W Walker Way Maricopa, AZ 85238	LIT	Cards, Envelopes, stamps	580.32

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

SUBTOTAL $ 980.32

Schedule I
Miscellaneous Increases to Cash

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

Statement covers period
from 07/01/09
through 12/31/09

SCHEDULE I
CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Committee to Re-Elect Bill Sutherland 2010

I.D. NUMBER
1317940

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. ..... $ 16.98
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 $** 16.98

ACity of Torrance

FPPC CAMPAIGN DISCLOSURE STATEMENT

Bill Sutherland
23020 Crenshaw Bl.
Torrance, CA. 90505
310 530-1365
bspnt@sbcglobal.net

Office Sought: **Councilmember**, Torrance 2010
Committee ID #: **1317940**
Name of Committee:
Committee to re-elect Bill Sutherland 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	4/17/09
Form 410 Copy Statement of Organization	2010 General / Municipal Election	N/A	4/20/09
Form 410 (Copy) Statement of Organization Amendment Change Committee Name	2010 General / Municipal Election	N/A	6/15/09
Form 460 Semi-Annual Campaign Statement	1/1/09 – 6/30/09	7/31/09	7/1/09
Form 410 (Copy) Statement of Organization Amendment Add Bank Account	2010 General / Municipal Election	N/A	7/8/09
Form 410 (Copy) Statement of Organization Amendment from Secretary of State Change Committee Name	2010 General / Municipal Election	N/A	7/13/09
Form 410 (Copy) Statement of Organization Amendment from Secretary of State Add Bank Account	2010 General / Municipal Election	N/A	10/1/09

Form(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.

COVER PAGE

CALIFORNIA FORM **460**

For Official Use Only

Date Stamp

RECEIVED

2009 JUL -1 AM 10: 42

CITY OF TORRANCE
CITY CLERK'S OFFICE

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
  - ◯ 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: 1317940

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Committee to Re-Elect Bill Sutherland 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
Bill Sutherland

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 a[redacted]

Executed on 07/01/2009 (Date) By [redacted]

Executed on 07/01/2009 (Date) By [redacted]sible 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

Bill Sutherland

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
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**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Committee to Re-Elect Bill Sutherland 2010

I.D. NUMBER
1317940

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	*Schedule A, Line 3*	$3,650.00	$3,650.00
2. Loans Received	*Schedule B, Line 3*	0	0
3. SUBTOTAL CASH CONTRIBUTIONS	*Add Lines 1 + 2*	$3,650.00	$3,650.00
4. Nonmonetary Contributions	*Schedule C, Line 3*	0	0
5. TOTAL CONTRIBUTIONS RECEIVED	*Add Lines 3 + 4*	$3,650.00	$3,650.00

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	$ 0	$ 0
21. Expenditures Made	$ 0	$ 0

Expenditures Made

6. Payments Made	*Schedule E, Line 4*	$949.00	$949.00
7. Loans Made	*Schedule H, Line 3*	0	0
8. SUBTOTAL CASH PAYMENTS	*Add Lines 6 + 7*	$949.00	$949.00
9. Accrued Expenses (Unpaid Bills)	*Schedule F, Line 3*	0	0
10. Nonmonetary Adjustment	*Schedule C, Line 3*	0	0
11. TOTAL EXPENDITURES MADE	*Add Lines 8 + 9 + 10*	$949.00	$949.00

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
13. Cash Receipts	*Column A, Line 3 above*	3,650.00
14. Miscellaneous Increases to Cash	*Schedule I, Line 4*	0
15. Cash Payments	*Column A, Line 8 above*	949.00
16. **ENDING CASH BALANCE**	*Add Lines 12 + 13 + 14, then subtract Line 15*	$ $2,701.00

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED ..... *Schedule B, Part 2* $ 0

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
19. Outstanding Debts	*Add Line 2 + Line 9 in Column B above*	$ 0

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 01/01/2009
through 06/30/2009

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Committee to Re-Elect Bill Sutherland 2010

I.D. NUMBER
1317940

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)
6/3/09	Kurt Weideman [redacted] Torrance, CA 90504	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	100.00	100.00	100.00
6/4/09	David Buxton [redacted] Torrance, CA 90505	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Real Estate	500.00	500.00	500.00
6/4/09	Robert Van Lingen [redacted] Torrance, CA 90505	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Van Lingen Towing	500.00	500.00	500.00
6/5/09	Angie Papadakis [redacted] Rancho Palos Verdes, CA 90275	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Writer/Speaker	100.00	100.00	100.00
6/11/09	Steve Fechner [redacted] Torrance, CA 90510	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Surf Management	1,000.00	1,000.00	1,000.00
			SUBTOTAL $	2,200.00		

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) ..... $ 3,100.00
2. Amount received this period – unitemized monetary contributions of less than $100 ..... $ 550.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL $** 3,650.00

*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.)

CALIFORNIA FORM **460**

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

NAME OF FILER
Committee to Re-Elect Bill Sutherland 2010

I.D. NUMBER
1317940

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)
6/11/09	Thomas Safran [redacted] Los Angeles, CA 90049	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Ocean Terrace	125.00	125.00	125.00
6/11/09	Thomas Safran [redacted] Los Angeles, CA 90049	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Coleman Court	125.00	125.00	125.00
6/11/09	Ann Smisek [redacted] Torrance, CA 90503	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	200.00	200.00	200.00
6/18/09	Arun Bhumitra [redacted] Torrance, CA 90505	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Arjay Telecom	250.00	250.00	250.00
6/22/09	Patrick Furey [redacted] Torrance, CA 90504	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney/Councilman	100.00	100.00	100.00
			SUBTOTAL $	$800.00		

*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.)

CALIFORNIA FORM **460**

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

NAME OF FILER
Committee to Re-Elect Bill Sutherland 2010

I.D. NUMBER
1317940

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)
6/26/09	Kent Phillips [redacted] Torrance, CA 90501	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Storm Properties, Inc	100.00	100.00	100.00
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
			SUBTOTAL $	$100.00		

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

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to Re-Elect Bill Sutherland 2010

I.D. NUMBER

1317940

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)
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					

Attach additional information on appropriately labeled continuation sheets. **SUBTOTAL $** 0

Schedule C Summary

1. Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.) ..... $ 0
2. Amount received this period – unitemized nonmonetary contributions of less than $100 ..... $ 0
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 $** 0

*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
CALIFORNIA FORM 460

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

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Committee to Re-Elect Bill Sutherland 2010

I.D. NUMBER
1317940

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
Nowatka Associates 23020 Crenshaw Blvd Torrance, CA 90505	CNS		500.00
Nowatka & Associates 23020 Crenshaw Blvd Torrance, CA 90505	LIT		185.00
Torrance Main Post Office Torrance, CA 90503	POS		176.00

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

SUBTOTAL $ $861.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ..... $ 861.00
2. Unitemized payments made this period of under $100 ..... $ 88.00
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 $** 949.00

Schedule I
Miscellaneous Increases to Cash

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

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

SCHEDULE I
CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Committee to Re-Elect Bill Sutherland 2010

I.D. NUMBER
1317940

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL $ 0

Schedule I Summary

1. Itemized increases to cash this period. ..... $ 0
2. Unitemized increases to cash of under $100 this period. ..... $ 0
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) ..... $ 0
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) ..... **TOTAL $** 0