

# Supplemental Independent Expenditure Report

(Government Code Section 84203.5)  
SEE INSTRUCTIONS ON REVERSE

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

SUPPLEMENTAL INDEPENDENT EXPENDITURE

**Amendment** (Explain Below)

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Report covers period from <u>01/01/2014</u> through <u>05/17/2014</u>	RECEIVED MAY 23 AM 11:52 CITY OF TORRANCE CITY CLERK'S OFFICE	<b>CALIFORNIA FORM 465</b>
Date of election if applicable: (Month, Day, Year) <u>06/03/2014</u>	Page <u>1</u> of <u>2</u>	
For Official Use Only		

## 1. Committee/Filer Information

I.D. NUMBER (If recipient committee) 890376

COMMITTEE/FILER'S NAME  
Torrance Firefighters PAC

STREET ADDRESS (NO P.O. BOX)  
1701 Crenshaw Blvd.

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Torrance</u>	<u>CA</u>	<u>90501</u>	<u>(310) 766-0350</u>

OPTIONAL: FAX/E-MAIL ADDRESS

## Treasurer (If recipient committee)

NAME OF TREASURER  
Ryan Mendivil

MAILING ADDRESS  
1701 Crenshaw Blvd.

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Torrance</u>	<u>CA</u>	<u>90501</u>	<u>(310) 766-0350</u>

OPTIONAL: FAX/E-MAIL ADDRESS

## 2. Name of Candidate or Measure Supported or Opposed

NAME OF CANDIDATE <u>Heidi Ashcraft for City Council 2014</u>	OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE <u>Torrance City Council</u>	CHECK ONE	
NAME OF BALLOT MEASURE	BALLOT NO./LETTER JURISDICTION	SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>
		SUPPORT <input checked="" type="checkbox"/>	OPPOSE <input type="checkbox"/>

## 3. Independent Expenditures Made *Attach additional information on appropriately labeled continuation sheets.*

DATE	NAME AND ADDRESS OF PAYEE	DESCRIPTION OF EXPENDITURE	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)
05/07/2014	Firefighters Print & Design 1780 Creekside Oaks Drive Sacramento, CA 95833	printing fees re: Heidi Ashcraft for City Council 2014 ( Cum: \$1571.28)	\$927.05	\$1,571.28
05/07/2014	Firefighters Print & Design 1780 Creekside Oaks Drive Sacramento, CA 95833	postage fees re: Heidi Ashcraft for City Council 2014 (estimate postage Cum: \$1571.28)	\$644.23	\$1,571.28

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<input type="checkbox"/> Amendment (Explain Below) _____ _____	Report covers period from <u>01/01/2014</u> through <u>05/17/2014</u>	Date Stamp _____	<b>CALIFORNIA FORM 465</b>
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## 4. Summary

1. Total independent expenditures of \$100 or more made this period. (Part 3.).....	\$1,571.28
2. Total independent expenditures under \$100 made this period. (Not itemized.) .....	\$0.00
3. Total independent expenditures made this period (Add Lines 1+2.) ..... TOTAL	\$1,571.28

## 5. Filing Officers *Enter name and address of each filing officer with whom the filer's most recent campaign statements (Form 450, 460 or 461) have been filed.*

1) NAME OF FILING OFFICER \_\_\_\_\_

ADDRESS \_\_\_\_\_ (NO. AND STREET)

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

## 6. Verification

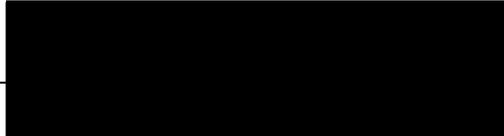
I certify that the "independent expenditure(s)" disclosed in this statement were not "made at the behest of" the candidate or committee that benefited from the expenditure(s) as those terms are defined in Government Code Section 82031 and FPPC Regulation 18225.7. I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein 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 5-19-14  
DATE

Executed on \_\_\_\_\_  
DATE

Executed on \_\_\_\_\_  
DATE

Executed on \_\_\_\_\_  
DATE

By  ASSISTANT TREASURER

\_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT, OR RESPONSIBLE OFFICER OF SPONSOR

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT