

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)

Report covers period
from 01/01/2014
through 05/17/2014

Date of election if applicable:
(Month, Day, Year)
06/03/2014

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CALIFORNIA FORM 465

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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>Leilani Kimmel - Dagostino for Torrance 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"/>

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: Leilani Kimmel - Dagostino 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: Leilani Kimmel - Dagostino for City Council 2014 (estimate postage Cum: \$1571.28)	\$644.23	\$1,571.28

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Date Stamp

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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

By _____
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