

# 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 01/01/2014  
through 05/17/2014  
Date of election if applicable:  
(Month, Day, Year)  
06/03/2014

Date Stamp  
**RECEIVED**  
MAY 23 AM 11:53  
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Page 1 of 2  
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## 1. Committee/Filer Information

I.D. NUMBER (if recipient committee)  
890376

## Treasurer (if recipient committee)

NAME OF TREASURER  
Ryan Mendivil  
MAILING ADDRESS  
1701 Crenshaw Blvd.  
CITY STATE ZIP CODE AREA CODE/PHONE  
Torrance CA 90501 (310) 766-0350  
OPTIONAL FAX/E-MAIL ADDRESS

COMMITTEE/FILER'S NAME  
Torrance Firefighters PAC  
STREET ADDRESS (NO P.O. BOX)  
1701 Crenshaw Blvd.  
CITY STATE ZIP CODE AREA CODE/PHONE  
Torrance CA 90501 (310) 766-0350  
OPTIONAL FAX/E-MAIL ADDRESS

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

NAME OF CANDIDATE Pat Furey for Mayor 2014	OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE Mayor	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: Pat Furey for Mayor 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: Pat Furey for Mayor 2014 (estimate postage Cum: \$1571.28)	\$644.23	\$1,571.28

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## 4. Summary

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

## 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

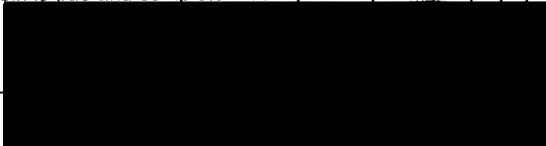
STATE

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

By   
\_\_\_\_\_  
ASSISTANT TREASURER

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

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