

Supplemental Independent Expenditure Report

(Government Code Section 84203.5)
Report #3
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 05/09/2016
through 05/09/2016

Date of election if applicable:
(Month, Day, Year)

Date Stamp
RECEIVED

MAY 31 2016

City of Torrance
City Clerk's Office

CALIFORNIA FORM 465

Page 1 of 2

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)
[REDACTED]

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Long Beach</u>	<u>CA</u>	<u>90802</u>	<u>[REDACTED]</u>

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer (If recipient committee)

NAME OF TREASURER

RYAN MENDIVIL

MAILING ADDRESS

[REDACTED]

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Torrance</u>	<u>CA</u>	<u>90501</u>	<u>[REDACTED]</u>

OPTIONAL: FAX / E-MAIL ADDRESS

2. Name of Candidate or Measure Supported or Opposed

CHECK ONE

NAME OF CANDIDATE	OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE	SUPPORT	OPPOSE	
<u>Geoff Rizzo</u>	<u>City Council Member: City of Torrance</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
NAME OF BALLOT MEASURE	BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE
			<input type="checkbox"/>	<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)
<u>05/09/2016</u>	<u>Firefighters Print & Design</u> <u>[REDACTED]</u> <u>Sacramento, CA 95833</u>	<u>Mailers</u>	<u>906.74</u>	<u>906.74</u>

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SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period		CALIFORNIA FORM 465
from	05/09/2016	
through	05/09/2016	Page <u>2</u> of <u>2</u>
NAME OF FILER		I.D. NUMBER (If recipient com.)
TORRANCE FIREFIGHTERS PAC		890376

SEE INSTRUCTIONS ON REVERSE

4. Summary

1. Total independent expenditures of \$100 or more made this period. (Part 3.)	\$	906.74
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	\$ 906.74

5. Filing Officers

Enter the 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 <u>Torrance City Clerk</u>	3) NAME OF FILING OFFICER
ADDRESS (NO. AND STREET)	ADDRESS (NO. AND STREET)
CITY STATE ZIP CODE <u>Torrance CA</u>	CITY STATE ZIP CODE
2) NAME OF FILING OFFICER	4) NAME OF FILING OFFICER
ADDRESS (NO. AND STREET)	ADDRESS (NO. AND STREET)
CITY STATE ZIP CODE	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 benefitted 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 <u>05/26/2016</u>	By <u>[Redacted Signature]</u>
DATE	SIGNATURE OF FILER, TREASURER OR ASSISTANT TREASURER
Executed on _____	By _____
DATE	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT, OR RESPONSIBLE OFFICER OF SPONSOR
Executed on _____	By _____
DATE	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT
Executed on _____	By _____
DATE	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT