

# 496 Independent Expenditure Report

Amounts may be rounded to whole dollars.

496 INDEPENDENT EXPENDITURE REPORT

<b>NAME OF FILER</b> Torrance Police Officers' Association PAC		<b>Date of This Filing</b> 05/12/2016	Date Stamp <b>RECEIVED</b>  MAY 16 2016 11:12a City of Torrance City Clerk's Office	<b>CALIFORNIA FORM 496</b> For Official Use Only
<b>AREA CODE/PHONE NUMBER</b> [REDACTED]	<b>I.D. NUMBER (if applicable)</b> 761167	<b>Report No.</b> 2		
<b>STREET ADDRESS</b> [REDACTED]		<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)		
<b>CITY</b> Torrance	<b>STATE</b> CA	<b>ZIP CODE</b> 90501		

## 1. List Only One Candidate or Ballot Measure

<b>NAME OF CANDIDATE SUPPORTED OR OPPOSED</b> Geoff Rizzo				<b>NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED</b>			
<b>OFFICE SOUGHT OR HELD</b> City Council Member: City of Torrance	<b>DISTRICT NO.</b>	<b>SUPPORT</b> X	<b>OPPOSE</b>	<b>BALLOT NO./LETTER</b>	<b>JURISDICTION</b>	<b>SUPPORT</b>	<b>OPPOSE</b>

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

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
05/12/2016	Printing Cumulative to date total \$1360.10	1,360.10

Reason for Amendment: \_\_\_\_\_

page 1

May 12 2016 03:35AM HP Fax

496-2042239

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<b>AREA CODE/PHONE NUMBER</b> [REDACTED]	<b>I.D. NUMBER (if applicable)</b> 761167	<b>Report No.</b> 1		
<b>STREET ADDRESS</b> [REDACTED]		<input type="checkbox"/> <b>Amendment to Report No.</b> _____ <small>(explain below)</small>		
<b>CITY</b> Torrance	<b>STATE</b> CA	<b>ZIP CODE</b> 90501		

## 1. List Only One Candidate or Ballot Measure

<b>NAME OF CANDIDATE SUPPORTED OR OPPOSED</b> Al Muratsuchi				<b>NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED</b>			
<b>OFFICE SOUGHT OR HELD</b> State Assembly Person: Assembly District 66	<b>DISTRICT NO.</b> 66	<b>SUPPORT</b> X	<b>OPPOSE</b>	<b>BALLOT NO./LETTER</b>	<b>JURISDICTION</b>	<b>SUPPORT</b>	<b>OPPOSE</b>

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DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
05/12/2016	Printing Cumulative to date total \$1360.12	1,360.12

Reason for Amendment: \_\_\_\_\_

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<b>AREA CODE/PHONE NUMBER</b> [REDACTED]	<b>ID. NUMBER (if applicable)</b> 761167	<b>Report No.</b> 3		
<b>STREET ADDRESS</b> [REDACTED]		<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)		
<b>CITY</b> Torrance	<b>STATE</b> CA	<b>ZIP CODE</b> 90501		

## 1. List Only One Candidate or Ballot Measure

<b>NAME OF CANDIDATE SUPPORTED OR OPPOSED</b> Milton Herring				<b>NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED</b>			
<b>OFFICE SOUGHT OR HELD</b> City Council Member: City of Torrance	<b>DISTRICT NO.</b>	<b>SUPPORT</b> X	<b>OPPOSE</b>	<b>BALLOT NO./LETTER</b>	<b>JURISDICTION</b>	<b>SUPPORT</b>	<b>OPPOSE</b>

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Reason for Amendment: \_\_\_\_\_

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<b>AREA CODE/PHONE NUMBER</b> [REDACTED]	<b>I.D. NUMBER (if applicable)</b> 761167	<b>Report No.</b> 4		
<b>STREET ADDRESS</b> [REDACTED]		<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)		
<b>CITY</b> Torrance	<b>STATE</b> CA	<b>ZIP CODE</b> 90501	<b>No. of Pages</b> 1	

**1. List Only One Candidate or Ballot Measure**

<b>NAME OF CANDIDATE SUPPORTED OR OPPOSED</b> Leilani Kimmel-Dagostino				<b>NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED</b>			
<b>OFFICE SOUGHT OR HELD</b> City Council Member: City of Torrance	<b>DISTRICT NO.</b>	<b>SUPPORT</b> X	<b>OPPOSE</b>	<b>BALLOT NO./LETTER</b>	<b>JURISDICTION</b>	<b>SUPPORT</b>	<b>OPPOSE</b>

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Reason for Amendment: \_\_\_\_\_