

Supplemental Independent Expenditure Report

(Government Code Section 84203.5)
Report #2
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)

CITY STATE ZIP CODE AREA CODE/PHONE

Long Beach CA 90802

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer (If recipient committee)

NAME OF TREASURER

RYAN MENDIVIL

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

Torrance CA 90501

OPTIONAL: FAX / E-MAIL ADDRESS

2. Name of Candidate or Measure Supported or Opposed

CHECK ONE

NAME OF CANDIDATE Leilani Kimmel-Dagostino	OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE City Council Member: City of Torrance	SUPPORT <input checked="" type="checkbox"/>	OPPOSE <input type="checkbox"/>
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)
05/09/2016	Firefighters Print & Design Sacramento, CA 95833	Mailers	906.73	906.73

Supplemental Independent Expenditure Report

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

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 TORRANCE FIREFIGHTERS PAC		I.D. NUMBER (If recipient com.) 890376

SEE INSTRUCTIONS ON REVERSE

4. Summary

1. Total independent expenditures of \$100 or more made this period. (Part 3.)	\$	906.73
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	\$ 906.73

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.*

<p>1) NAME OF FILING OFFICER <u>Torrance City Clerk</u></p> <p>ADDRESS (NO. AND STREET) _____</p> <p>CITY STATE ZIP CODE <u>Torrance CA</u></p>	<p>3) NAME OF FILING OFFICER _____</p> <p>ADDRESS (NO. AND STREET) _____</p> <p>CITY STATE ZIP CODE _____</p>
<p>2) NAME OF FILING OFFICER _____</p> <p>ADDRESS (NO. AND STREET) _____</p> <p>CITY STATE ZIP CODE _____</p>	<p>4) NAME OF FILING OFFICER _____</p> <p>ADDRESS (NO. AND STREET) _____</p> <p>CITY STATE ZIP CODE _____</p>

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 05/26/2016
DATE

Executed on _____
DATE

Executed on _____
DATE

Executed on _____
DATE

By _____
SIGNATURE OF FILER, TREASURER OR 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