RECEIVE

## 2016 JAN120 JAN10: 40

OFFICE CARRANCE

_	- aludant Campaittes				COVERPAGE
C	ecipient Committee ampaign Statement over Page overnment Code Sections 84200-84216.5)	Type or print in	ink.	Date Stamp	CALIFORNIA 460
•		Statement covers period from07/01/2015	Date of election if applicable: (Month, Day, Year)		Page 1 of 13  For Official Use Only
SEI	EINSTRUCTIONS ON REVERSE	through12/31/2015			
1.	Type of Recipient Committee: All Committees - Co	omplete Parts 1, 2, 3, and 4.	2. Type of Statement:		
	State Candidate Election Committee     Recall     (Also Complete Part 5)      General Purpose Committee     Sponsored     Small Contributor Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 8) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Ti Amendment (Explain b	Spec	terly Statement ial Odd-Year Report olemental Preelection ment - Attach Form 495
3.	Committee Information	D. NUMBER 761167	Treasurer(s)		
	COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE		NAME OF TREASURER		
	Torrance Police Officers' Association PAC		Rick Rudd MAILING ADDRESS		
	STREET ADDRESS (NO P.O. BOX)		CITY	STATE ZIP C	ODE AREA CODE/PHONE
			Torrance	CA 905	01
	CITY STATE ZIP C	ODE AREA CODE/PHONE	NAME OF ASSISTANT TREASU	RER, IF ANY	
	MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O.		MAILING ADDRESS		
	CITY STATE ZIP C	ODÉ AREA CODE/PHONE	CITY	STATE ZIP C	ODE AREA CODE/PHONE
	OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDR	RESS	· · · · · · · · · · · · · · · · · · ·
4.	Verification I have used all reasonable diligence in preparing and reviewir under penalty of perjury under the laws of the State of Californ Executed on	lia that the foregoing is true and correct.  By	cowledge the information contained he signature of Treasurer or Assistant ontrolling Officeholder, Candidate, State Measure Pro-	Treasurer oponent or Responsible Officer of Sponsor	eles is true and complete. I certify
			significate of Controlling Officeriologic, Cartologia, S	scare avessure Proponera	
	Executed on	Ву	Signature of Controlling Officeholder, Candidate, S	•	FPPC Form 460 (Jan/2016)

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Recipient Committee Campaign Statement Cover Page — Part 2 CALIFORNIA FORM 460

Page 2 of 13

Officeholder or Candidate Controll	ed Committee	6.	. Primarily Formed Ball	ot Measure Commi	ittee	
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION	AND DISTRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTION	Į.	SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND S	TREET) CITY STATE ZIP		Identify the controlling of	ficeholder, candidate,	or state measure	proponent, if any
			NAME OF OFFICEHOLDER, CA	NDIDATE, OR PROPONENT	Г	
Related Committees Not Included in not included in this statement that are control contributions or make expenditures on behalf	lled by you or are primarily formed to receive		OFFICE SOUGHT OR HELD		DISTRICT NO.	IF ANY
COMMITTEE NAME	I.D. NUMBER					
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	. Primarily Formed Can officeholder(s) or candidate(s			
COMMITTEE ADDRESS STREET ADDRESS	S (NO P.O. BOX)		NAME OF OFFICEHOLDER OR	CANDIDATE OFFICE	SOUGHT OR HELD	SUPPORT OPPOSE
GITY STATE	E ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE OFFICE	SOUGHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE OFFICE	SOUGHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?  YES NO		NAME OF OFFICEHOLDER OR	CANDIDATE OFFICE	SOUGHT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS	S (NO P.O. BOX)		(8			
CITY STATE	ZIP CODE AREA CODE/PHONE		Atta	ch continuation sheet	s if necessary	

## Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Type or print in ink.

Amounts may be rounded to whole dollars.

| Statement covers period | CALIFORNIA 460 | FORM | 12/31/2015 | Page \_ 3 of \_ 13 | I.D. NUMBER | 761167

SUMMARY PAGE

Forrance Police Officers' Association PAC						761167
Contributions Received	(	COLUMN A TOTAL THIS PERIOD FROM ATTACHED SCHEDULES)		COLUMN B CALENDARYEAR TOTALTODATE		mary for Candidates e State Primary and
1. Monetary Contributions Schedule A, Line 3	\$	5,120.00	\$	11,365.00		arough 6/30 7/1 to Date
2. Loans Received Schedule B, Line 3		0.00		0.00		adagii disc iiii bale
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	5,120.00	\$	11,365.00	20. Contributions Received \$	
4. Nonmonetary Contributions Schedule C, Line 3		0.00		0.00	21. Expenditures	
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$	5,120.00	\$	11,365.00	Made \$	\$
Expenditures Made				,	Expenditure Limit	Summary for State
Schedule E, Line 4	\$	10,535.00	\$	16,205.00	Candidates	
7. Loans Made Schedule H, Line 3	(6)	0.00		0.00	22. Cumulativ	e Expenditures Made*
3. SUBTOTAL CASH PAYMENTS Add Lines 6+7	\$	10,535.00	\$	16,205.00		Voluntary Expenditure Limit)
Accrued Expenses (Unpaid Bills)Schedule F, Line 3		300.00		300.00	Date of Election	Total to Date
10. Nonmonetary Adjustment Schedule C, Line 3		0.00		0.00	(mm/dd/yy)	
11. TOTAL EXPENDITURES MADE	\$	10,835.00	\$	16,505.00		\$
Current Cash Statement			Г			\$
2. Beginning Cash Balance Previous Summary Page, Line 16	\$	123,081.12	То	calculate Column B, add		
3. Cash Receipts Column A, Line 3 above		5,120.00		nounts in Column A to the responding amounts		
4. Miscellaneous Increases to Cash Schedule I, Line 4		0.04	fro	m Column B of your last	reported in Column B.	nay be different from amounts
5. Cash Payments Column A, Line 8 above		10,535.00		ort. Some amounts in lumn A may be negative		
6. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$	117,666.16		ures that should be btracted from previous		
If this is a termination statement, Line 16 must be zero.		74	pe	riod amounts. If this is		
7, LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0.00	for	this calendar year, only my over the amounts		
Cash Equivalents and Outstanding Debts			fro an	m Lines 2, 7, and 9 (if v).	1	
18. Cash Equivalents See instructions on reverse	\$	0.00		**		
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	300.00				
			ŀ			FPPC Form 460 (Jar dvice@fppc.ca.gov (866/27)

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Schedule	A	Туре	or print in ink.				s	CHEDULE A
	Contributions Received		s may be rounded whole dollars.	Statement cover			ORNIA ORM	460
				through 12/31/2	015	Page.	4 of	13
NAME OF FILER	DNS ON REVERSE					I.D. NUI		
						76116		
Torrance Po.	lice Officers' Association PAC							
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELE TOD (IF REQ	ATE
		□IND □COM □OTH □PTY □SCC						
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
		□IND □COM □OTH □PTY □SCC						
			SUBTOTAL\$	0.00				
1. Amount re	A Summary ceeived this period – itemized monetary contributions. Il Schedule A subtotals.)		\$	0,00	IND-			
2. Amount re	eceived this period – unitemized monetary contributions	of less than \$	100\$	5,120.00			e.g., busine	
3. Total mone (Add Lines	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Colu	mn A, Line 1.)	TOTAL \$	5,120.00			ontributor Co	ommittee

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Supporti	e D y of Expenditures ng/Opposing Other es, Measures and Committees	Type or print Amounts may b to whole do	e rounded	Statement covers	15 FO	ORNIA 460
NAME OF FILER	ONS ON REVERSE			through	I.D. NUI	5 of 13
	olice Officers' Association PAC				76116	
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/09/2015	Geoff Rizzo City Council Member City of Torrance  X Support Oppose	Monetary     Contribution     Nonmonetary     Contribution     Independent     Expenditure		1,000.00	1,000.00	
12/09/2015	Leilani Kimmel-Dagostino City Council Member City of Torrance	Monetary     Contribution     Nonmonetary     Contribution     Independent     Expenditure		1,000.00	1,000.00	
12/09/2015	Milton Herring City Council Member City of Torrance   X Support Oppose	Monetary     Contribution     Nonmonetary     Contribution     Independent     Expenditure		1,000.00	1,000.00	
			SUBTOTAL	\$ 3,000.00		
Contributi     Uniternize	D Summary ons and independent expenditures made this period of contributions and independent expenditures made tributions and independent expenditures made this p	e this period of unde	er \$100		\$_	0.00

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Summary Supporti	nation Sheet) y of Expenditures ng/Opposing Other tes, Measures and Committees	Type or pri Amounts may to whole d	be rounded	Statement covers from 07/01/20 through 12/31/20	15 Pa	SCHEDULED (CONT.  IFORNIA 460  FORM of 13
Torrance Po	lice Officers' Association PAC				76	1167
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DA CALENDAR YEAR (JAN. 1 - DEC. 31)	
12/08/2015	Al Muratsuchi State Assembly Person District: 66  X Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure		4,200.00	4,200	.00
	Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure				
	Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure				
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure				
			SUBTOTAL S	4,200.00		

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Schedule E Payments Made	Type or print in ink. Amounts may be rounded to whole dollars.	Statement covers period from07/01/2015	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE		through12/31/2015	Page7 of13
NAME OF FILER			I.D. NUMBER
Torrance Police Officers' Association PAC			761167
CODES: If one of the following codes accurately describes	the payment, you may enter the code. Others	vise, describe the payment.	
CMP campaign paraphemalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donetions FIL candidate filing/ballot fees fundraising events IND legal defense LT campaign literature and mailings	MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey research postage, delivery and messenger services PRO professional services (legal, accounting) PRT print ads	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and prod TRC candidate travel, lodging, and staff/spouse travel, lodging, and transfer between committees VOT wore registration WEB information technology costs	uction costs meals and meals of the same candidate/sponsor

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT		AMOUNT PAID
Geoff Rizzo for Torrance City Council 2016 (ID# 1376043) Torrance, CA 90503	CTB				1,000.00
Leilani Rimmel-Dagostino for Torrance City Council 2016 (ID# 1370226) Torrance, CA 90501	CTB				1,000.00
Milton Herring for Torrance City Council 2016 (ID# 1376584) Torrance, CA 90501	CTB				1,000.00
* Payments that are contributions or Independent expenditures must also be summ	arized on	Sch	edule D.	SUBTOTAL\$	3,000.00
Schedule E Summary					
1. Itemized payments made this period. (Include all Schedule E subtotals.)				\$	10,500.00
2. Unitemized payments made this period of under \$100	**********			\$	35.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part	1, Colum	n (e)	.)	\$	0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the	he Summ	ary I	Page, Column A, Line 6.)	TOTAL \$	10,535.00

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## Schedule E (Continuation Sheet) Payments Made

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Torrance Police Officers' Association PAC

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE E (CONT.)

Statement covers period

from \_\_\_\_07/01/2015

through \_\_\_12/31/2015

Page \_\_8 \_\_ of \_\_13

I.D. NUMBER

761167

CNS campaign consultants contribution (explain nonmonetary)* civic donations FIL candidate filing/ballot fees fND fundraising events ND independent expenditure supporting/opposing others (explain)* LEG legal defense LTT campaign literature and mailings	OFC PET PHO POL POS PRO	ses ating urvey resea very and m		VOT	campaign workers' salaries t.v. or cable airlime and production of candidate travel, lodging, and meals staff/spouse travel, lodging, and meal transfer between committees of the	als same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER ID. NUMBER)		CODE	OR	DESCRIPTIO	ON OF PAYMENT	AMOUNT PAID
Muratsuchi for Assembly 2016 (ID# 1375498) Los Angeles, CA 90017		CTB				4,200.00
The Rotary Club of Torrance Hermosa Beach, CA 90254			Dues			155.00
The Rotary Club of Torrance Hermosa Beach, CA 90254			Dues			125.00
The Rotary Club of Torrance Hermosa Beach, CA 90254			Dues			255.00
The Rotary Club of Torrance Hermosa Beach, CA 90254			Dues			130.00

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SUBTOTAL \$

4,865.00

\* Payments that are contributions or Independent expenditures must also be summarized on Schedule D.

Schedule E	
(Continuati	on Sheet)
Payments I	Made

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

SCHEDULE E (CONT.) Statement covers period CALIFORNIA FORM 07/01/2015 through \_\_\_ 12/31/2015 Page \_\_\_9 I.D. NUMBER

761167

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Torrance Police Officers' Association PAC

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

print ads

PRT

OMP. campaign paraphemalia/misc. CNS campaign consultants contribution (explain nonmonetary)\* СТВ CVC civic donations candidate filing/ballot fees FIL

FND fundraising events ND

independent expenditure supporting/opposing others (explain)\* legal defense LEG Щ campaign literature and mailings

RAD radio airtime and production costs MER member communications MTG meetings and appearances

RFD returned contributions office expenses SAL campaign workers' salaries
TEL t.v. or cable airtime and production costs PET petition circulating PHO phone banks TRC

candidate travel, lodging, and meals staff/spouse travel, lodging, and meals transfer between committees of the same candidate/sponsor POL polling and survey research TRS POS postage, delivery and messenger services PRO professional services (legal, accounting) TSF voter registration

WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Torrance Area Chamber of Commerce Torrance, CA 90503	Dues		445.00
Torrance Kiwanis Club Manhattan Beach, CA 90266	Dues		65.00
Torrance Kiwanis Club Manhattan Beach, CA 90266	Dues		65.00
Torrance Kiwanis Club Manhattan Beach, CA 90266	Dues	V= V=	65.00
Torrance Kiwanis Club Manhattan Beach, CA 90266	Dues		130.00
* Payments that are contributions or independent expenditures must also be s	summarized on Schedule D.	SL	JBTOTAL \$ 770.00

## Schedule E (Continuation Sheet) Payments Made

Type or print in ink.

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Torrance Police Officers' Association PAC

through 12/31/2015 Page 10 of 13

LD.NUMBER
761167

CODES: If one of the following codes accurately describe  CMP campaign paraphernalia/misc.  CTB corribution (explain nonmonetary)*  civic donations  Fil. roundidate filing/ballot fees  fundraising events  No independent expenditure supporting/opposing others (explain)*  LEG legal defense  LT campaign literature and mailings	MBR	member com meetings an office exper petition circu phone banks polling and s postage, del	nmunications d appearance uses elating s survey resear	es	RAD RFD SAL TEL TRC TRS	describe the payment.  radio airtime and production costs returned contributions campaign workers' salaries t.v. or cable airtime and production cost candidate travel, lodging, and meals staff/spouse travel, lodging, and meals transfer between committees of the sa voter registration information technology costs (internet, or	me candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)			CODE	OR	DESCRIPTIO	N OF PAYMENT	AMOUNT PAID
Torrance Kiwanis Club Manhattan Beach, CA 90266				Dues			65.00

Yolanda Miranda & Associates, Inc PRO 300.00

Yolanda Miranda & Associates, Inc PRO 300.00

Yolanda Miranda 6 Associates, Inc PRO 600.00 Covina, CA 91722

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

FPPC Form 460 (Jan/2016)

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SUBTOTAL \$

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1,565.00

Schedule E
(Continuation Sheet)
Payments Made

campaign paraphernalia/misc.

OMP

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

MBR member communications

SCHEDULE E (CONT.) Statement covers period CALIFORNIA FORM from 07/01/2015 Page 11 of 13 I.D. NUMBER

RAD radio airtime and production costs

through \_\_\_\_12/31/2015 SEE INSTRUCTIONS ON REVERSE NAME OF FILER 761167 Torrance Police Officers' Association PAC CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CNS campaign consultants meetings and appearances RFD returned contributions CTB CVC contribution (explain nonmonetary)\* OFC office expenses SAL campaign workers' salaries t.v. or cable airtime and production costs PET petition circulating TEL. civic donations candidate travel, lodging, and meals staff/spouse travel, lodging, and meals transfer between committees of the same candidate/sponsor FIL candidate filing/ballot fees phone banks TRC FND fundraising events POL polling and survey research TRS postage, delivery and messenger services professional services (legal, accounting) ND independent expenditure supporting/opposing others (explain)\* POS TSF VOT voter registration
WEB information technology costs (internet, e-mail) PRO PRT legal defense campaign literature and mailings ш print ads NAME AND ADDRESS OF PAYEE IF COMMITTEE, ALSO ENTER LD. NUMBER OR DESCRIPTION OF PAYMENT AMOUNT PAID CODE Yolanda Miranda & Associates, Inc PRO

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$

300.00

300.00

SCHEDULE F

Schedule F Accrued Expenses (Unpaid Bills)	Type or print in ink. Arnounts may be round to whole dollars.	be rounded Statement covers period		2015	FORM 460	
SEE INSTRUCTIONS ON REVERSE			throughthrough	2013 P	age 12 of 13	
NAME OF FILER				I.D	NUMBER	
				-	61167	
Torrance Police Officers' Association PAC					61167	
CODES: If one of the following codes accurately describe CMP campaign paraphemalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events ND independent expenditure supporting/opposing others (explain)* LEG legal defense LT campaign filterature and mailings	accurately describes the payment, you may enter the code. Of MBR member communications MTG meetings and appearances OFC office expenses petition circulating PHO phone banks POL polling and survey research POS postage, delivery and messenger services PRO professional services (legal, accounting) print ads		nerwise, describe the payment.  RAD radio airtime and production costs  RFD returned contributions  SAL campaign workers' salaries  TEL t.v. or cable airtime and production costs  TRC candidate travel, lodging, and meals  TRS staff/spouse travel, lodging, and meals  TSF transfer between committees of the same candidate/sponsor  VOT voter registration  WEB information technology costs (internet, e-mail)			
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER LD, NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BÉGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	
Yolanda Miranda 6 Associates, Inc Covina, CA 91722	PRO	0.00	300.00		300.00	
3 <del>-2</del>						
<ul> <li>Payments that are contributions or independent expenditures must also be summarized on Schedule D,</li> </ul>	SUBTOTALS	\$ 0.00\$	300.00	\$ 0	.00\$ 300.00	
Schedule F Summary						
<ol> <li>Total accrued expenses incurred this period. (Include all S accrued expenses of \$100 or more, plus total uniternized</li> </ol>			INCL	IRRED TOTALS	\$300-00	
<ol><li>Total accrued expenses paid this period. (Include all Sch accrued expenses of \$100 or more, plus total unitemized</li></ol>				PAID TOTALS	\$0.00	
Net change this period. (Subtract Line 2 from Line 1. En on the Summary Page, Column A, Line 9.)				NET	\$ 300.00 May be a negative number	
					Market and the State of the Sta	

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Schedule I Miscellaneous In  SEE INSTRUCTIONS ON REVER NAME OF FILER  Torrance Police Office	RSE	Type or print in Ink. Amounts may be rounded to whole dollars.	Statement covers period  from07/01/2015  through12/31/2015	CALIFORNIA 460 FORM 460 Page 13 of 13 I.D. NUMBER 761167
DATE FULL NAME AND ADDRESS OF SOURCE RECEIVED (IF COMMITTEE, ALSO EMTER LD. NUMBER)		DESCRIPTION OF RECEIPT		AMOUNT OF INCREASE TO CASH
Attach additional infon	mation on appropriately labeled continuation sheets.		SUBTOTAL S	<u> </u>
Schedule I Summa	anv			
	to cash this period		\$ 0.00	
2. Unitemized increase				
3. Total of all interest re				
4. Total miscellaneous	increases to cash this period. (Add Lines 1, 2, and 3.	Enter here and on the		

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