Deciniont Committee				COVERPAGE
Recipient Committee Campaign Statement	Type or print in	ink.	Date Stamp	CALIFORNIA 460
Cover Page			RECEIVED	FORM 400
(Government Code Sections 84200-84216.5)			-0514 ED	
,,	Statement covers period	Date of election if applicated (Month, Day, Year)	FEB -6 AND	Page _1 of _13
	from07/01/2013			
		, C	LY OF TORRANGE	Por Official Ose Office
SEE INSTRUCTIONS ON REVERSE	through12/31/2013		IY OF TORRANCE Y CLERK'S OFFICE	LORIGINAL
1. Type of Recipient Committee: All Committees -	- Complete Parts 1, 2, 3, and 4.	2. Type of Statement:	30.30	
Officeholder, Candidate Controlled Committee	Primarily Formed Ballot Measure	☐ Preelection Statement	Q	uarterly Statement
State Candidate Election Committee Recall	Committee O Controlled	Semi-annual Statemen	_ 4	ecial Odd-Year Report
(Also Complete Part 5)	Sponsored	Termination Statement (Also file a Form 410 7	ormination) Si	upplemental Preelection atement - Attach Form 495
X General Purpose Committee	(Also Complete Part 6)	Amendment (Explain t	-	atement - Attach Form 495
Sponsored	Primarily Formed Candidate/		,0,011)	
Small Contributor Committee	Officeholder Committee (Also Complete Part 7)			
O Political Party/Central Committee	(Alab Currplete Fait 1)			
3. Committee Information	I.D. NUMBER	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITT	1 761167 EE)	NAME OF TREASURER		
	,			
Torrance Police Officers' Association PAC		Rick Rudd MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX)		CITY	STATE ZIF	CODE AREA CODE/PHONE
		Torrance, CA 90501		
CITY STATE ZIP	CODE AREA CODE/PHONE	NAME OF ASSISTANT TREASU	RER, IF ANY	
Torrance, CA 90501 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O.	- BOY	Walling Appared		
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR F.	5. BOX	MAILING ADDRESS		
CITY STATE ZIP	CODE AREA CODE/PHONE	CITY	STATE ZIF	CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADD	DESS	
		OF HOURE. THAT E-MALE ADD	A200	
4. Verification		****		
I have used all reasonable diligence in preparing and review		nowledge the information contained he	erein and in the attached sch	edules is true and complete. I certify
under penalty of perjury under the laws of the State of Califo	ornia that the foregoing is true and or ect.	_ ^	_	
Executed on01/27/2014	Ву ₩		PRESIDENT	
Date		Signature of Treasurer or Assistan	Treasurer	
Executed onDate	BySignature of C	ontrolling Officeholder, Candidate, State Measure Pr	oponent or Responsible Officer of Spon	sor
Executed on	Ву		·	
Date		Signature of Controlling Officeholder, Candidate,	State Measure Proponent	· · · · · · ·
Executed onDate	Ву	Signature of Controlling Officeholder, Candidate,	State Measure Proponent	
			•	FPPC Form 460 (January/05

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772) State of California

COVER PAGE - PART 2				
CALIFORNIA FORM	460			
Page _2	of <u>13</u>			

	ommittee	6. F	Primarily Formed Ball	ot Measure	Committee		
NAME OF OFFICEHOLDER OR CANDIDATE		7	NAME OF BALLOT MEASURE				
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND D	ISTRICT NUMBER IF APPLICABLE)	Ē	BALLOT NO. OR LETTER	JURISDICTI	ON	,	SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STATE ZIP	-	dentify the controlling of	ficeholder, ca	ndidate, or sta	te measure p	roponent, if a
		i	NAME OF OFFICEHOLDER, CA	NDIDATE, OR PE	ROPONENT		
Related Committees Not Included in this not included in this statement that are controlled by contributions or make expenditures on behalf of you	you or are primarily formed to receive	ō	DFFICE SOUGHT OR HELD		[DISTRICT NO. IF	ANY
COMMITTEE NAME	I.D. NUMBER	-			<u>l</u>		
NAME OF TREASURER	CONTROLLED COMMITTEE?		Primarily Formed Car officeholder(s) or candidate(
	☐ YES ☐ NO	-		s) for which the		primarily forme	ed.
COMMITTEE ADDRESS STREET ADDRESS (NO I	☐ YES ☐ NO	- -	officeholder(s) or candidate((s) for which the	is committee is p	primarily forme	SUPPORT
· ·	P.O. BOX)	- -	officeholder(s) or candidate(CANDIDATE CANDIDATE	OFFICE SOUG	primarily forme	SUPPORT OPPOSE SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO I	P.O. BOX) ZIP CODE AREA CODE/PHONE I.D. NUMBER CONTROLLED COMMITTEE? YES NO	- - -	officeholder(s) or candidate(NAME OF OFFICEHOLDER OR NAME OF OFFICEHOLDER OR	CANDIDATE CANDIDATE CANDIDATE CANDIDATE	OFFICE SOUG	Primarily forms HT OR HELD HT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO I	P.O. BOX) ZIP CODE AREA CODE/PHONE I.D. NUMBER CONTROLLED COMMITTEE? YES NO	- - -	NAME OF OFFICEHOLDER OR	CANDIDATE CANDIDATE CANDIDATE CANDIDATE	OFFICE SOUG	Primarily forms HT OR HELD HT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
State of California

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Type or print in ink.

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Torrance Police Officers' Association PAC						761167
Contributions Received	(1	Column A TOTAL THIS PERIOD FROMATTACHED SCHEDULES)		COLUMN B CALENDAR YEAR TOTAL TO DATE		ummary for Candidates the State Primary and
1. Monetary Contributions Schedule A, Line 3	\$	6,400.00	\$	12,695.00		
2. Loans Received Schedule B, Line 3		0.00		0.00	1	/1 through 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	6,400.00	\$	12,695.00	20. Contributions Received \$.	s
4. Nonmonetary Contributions Schedule C, Line 3		0.00		0.00	21. Expenditures	Ψ
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$	6,400.00	\$	12,695.00	Made \$.	 \$ <u></u>
Expenditures Made					Expenditure Lim	it Summary for State
S. Payments Made Schedule E, Line 4	\$	8,926.37	\$	22,221.37	Candidates	,
		0.00		0.00		.,
B. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	8,926.37	\$	22,221.37	22. Cumula (If Subje	ative Expenditures Made* ct to Voluntary Expenditure Limit)
. Accrued Expenses (Unpaid Bills)Schedule F, Line 3		0.00		300.00	Date of Election	Total to Date
0. Nonmonetary Adjustment		0.00		0.00	(mm/dd/yy)	
11. TOTAL EXPENDITURES MADE	\$	8,926.37	\$	22,521.37		\$
Current Cash Statement					-	\$
2. Beginning Cash Balance Previous Summary Page, Line 16	\$	173,287.78	To	calculate Column B, add		
3. Cash Receipts Column A, Line 3 above		6,400.00	am	ounts in Column A to the		
4. Miscellaneous Increases to Cash Schedule I, Line 4		63.81		responding amounts m Column B of your last	*Amounts in this section reported in Column B.	on may be different from amounts
5. Cash Payments		8,926.37	rep	ort. Some amounts in lumn A may be negative	reported in Column B.	
6. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$	170,825.22	figu	res that should be		
If this is a termination statement, Line 16 must be zero.			per	otracted from previous riod amounts. If this is		
7. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0.00	for	first report being filed this calendar year, only to over the amounts		
Cash Equivalents and Outstanding Debts				m Lines 2, 7, and 9 (if		
8. Cash Equivalents See instructions on reverse				•		
9. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	300.00			FPPC Toll-Free Hel	FPPC Form 460 (January pline: 866/ASK-FPPC (866/275-37

Schedule A Monetary Contributions Received

Type or print in ink.

Amounts may be rounded

SCHEDULE A

Monetary Contributions Received			s may be rounded whole dollars.	Statement cover from	-	california 460 FORM		
SEE INSTRUCTION	ONS ON REVERSE			through	:013	Page .	4 of13	
NAME OF FILER Torrance Po	plice Officers' Association PAC					I.D. NU 7611	· ·	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. 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 ELECTION TO DATE (IF REQUIRED)	
		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 (Include al	A Summary ceived this period – itemized monetary contributions. I Schedule A subtotals.)			0.00	IND	(other		
3. Total mone	ceived this period – unitemized monetary contributions etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Colu			6,400.00	PTY	- Politica		

Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees

Type or print in ink.

Amounts may be rounded to whole dollars.

	SCHEDULED
Statement covers period	CALIFORNIA 460
from07/01/2013	FORM TOO
through12/31/2013	Page5 of13
	I.D. NUMBER
	761167
	I .

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Torrance Police Officers' Association PAC

through 12/31/2013 Page 5 of 13

I.D. NUMBER

761167

DATE	MEASURE NUMBER OR L	OFFICE, AND DISTRICT, OR LETTER AND JURISDICTION,	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
08/06/2013		<u>MMITTEE</u>	Monetary Contribution Nonmonetary		1,000.00	1,000.00	P14 1,000.0
	X Support	☐ Oppose	Contribution Independent Expenditure				1 000
11/27/2013	Cliff Numark Community College Board El Camino College				1,000.00	1,000.00	G13 1,000.0
	X Support	Oppose	Expenditure				
			Monetary Contribution Nonmonetary Contribution Independent				
	☐ Support	Oppose	Expenditure				
				SUBTOTAL \$	2,000.0	0	

Schedule	D Summary	
----------	-----------	--

ochedule b culturally	2,000	.00
1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)	D	
2. Unitemized contributions and independent expenditures made this period of under \$100	\$0	.00

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule E
Payments Made

Type or print in ink.

	SCHEDULEE
Statement covers period	CALIFORNIA 460
from07/01/2013	FORM TOO
through12/31/2013	Page6 of13
	I.D. NUMBER
	761167

Payments Made	to whole d		u	from07/01/2013	FORM 46U
SEE INSTRUCTIONS ON REVERSE NAME OF FILER				through	Page6 of13
Torrance Police Officers' Association PAC					761167
CODES: If one of the following codes accurate composition paraphernalia/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 legal defense LEG campaign literature and mailings	MBR member com MTG meetings an OFC office expen PET petition circu PHO phone banks POL polling and s (explain)* POS postage, del	munications d appearan ses lating survey rese ivery and n	s ces	RAD radio airtime and prod RFD returned contributions SAL campaign workers' sa TEL t.v. or cable airtime an TRC candidate travel, lodgi TRS staff/spouse travel, lo TSF transfer between com VOT voter registration	duction costs s alaries nd production costs ing, and meals
NAME AND ADDRESS OF PAY (IF COMMITTEE, ALSO ENTER I.D. NUME		CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Bill Sutherland for Mayor 2014 (#1348689)		CTB			1,000.00
TOTTANCE, CA 90501-2002					
Cliff Numark for El Camino Trustee 2013 (#1357523)		CTB			1,000.00
Tottance, G. 50505					,
MasterCard			Credit card pay	ment	1,340.47
P.O. Box 31279 Tampa, FL 33631					

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL\$ 3,340.47

Schedule E Summary

 Itemized payments made this period. (Included) 	de all Schedule E subtotals.)	8,868.47
	nder \$100 \$	57.90
3. Total interest paid this period on loans. (Enter	er amount from Schedule B, Part 1, Column (e).)\$	0.00
4. Total payments made this period. (Add Line	s 1 2 and 3. Enter here and on the Summary Page, Column A. Line 6.)	8,926.37

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

CMP campaign paraphernalia/misc.

CTB contribution (explain nonmonetary)*

candidate filing/ballot fees

CNS campaign consultants

CVC civic donations

FND fundraising events

FIL

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

MBR member communications

petition circulating

OFC office expenses

PHO phone banks

MTG meetings and appearances

POL polling and survey research

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

PET

	•••••		
Statement covers period	CALIFORNIA 16		
from07/01/2013	FORM 400		
through12/31/2013	Page7 of13		
	I.D. NUMBER		
	761167		

RAD radio airtime and production costs

TEL t.v. or cable airtime and production costs

TRS staff/spouse travel, lodging, and meals

TRC candidate travel, lodging, and meals

RFD returned contributions

SAL campaign workers' salaries

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Torrance Police Officers' Association PAC

independent expenditure supporting/opposing others (explain)* legal defense campaign literature and mailings		ostage, delivery and r rofessional services (I int ads		VOT	transfer between committees voter registration information technology costs		
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTION	OF PAYMENT	A	MOUNT PAID
Netfile	A41						
2707 Aurora Rd. Mariposa, CA 95338		PRO					275.00
Stephen Sammarco					-		
Redondo Beach, CA 90278		CNS					1,000.00
Secretary of State							
1500 11th Street, Room 495 Sacramento, CA 95814		OFC					50.00
The Rotary Club of Torrance							
1145 6th Street Hermosa Beach, CA 90254		MTG					195.00
The Rotary Club of Torrance				<u>-</u>			
1145 6th Street Hermosa Beach, CA 90254		MTG					216.00
Payments that are contributions or independent expenditures must a	leo bo euro	narized on Schodule I		A LOS GROWN WILLS OF	QI I	BTOTAL \$	1 736 00

CMP campaign paraphernalia/misc.

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

MBR member communications

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

		00/120022 E (00/1/.)
Statement covers period		CALIFORNIA 460
from	07/01/2013	FORM 400
through	12/31/2013	Page 8 of 13
		I.D. NUMBER
		761167

RAD radio airtime and production costs

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Torrance Police Officers' Association PAC

CNS campaign consultants MTG meetings and appearances returned contributions CTB contribution (explain nonmonetary)* OFC office expenses SAL campaign workers' salaries CVC civic donations PET petition circulating t.v. or cable airtime and production costs candidate filing/ballot fees phone banks candidate travel, lodging, and meals РНО FND fundraising events polling and survey research staff/spouse travel, lodging, and meals independent expenditure supporting/opposing others (explain)* ND postage, delivery and messenger services transfer between committees of the same candidate/sponsor legal defense PRO professional services (legal, accounting) VOT voter registration campaign literature and mailings PRT print ads WEB information technology costs (internet, e-mail) NAME AND ADDRESS OF PAYEE AMOUNT PAID CODE OR **DESCRIPTION OF PAYMENT** (IF COMMITTEE, ALSO ENTER I.D. NUMBER) The Rotary Club of Torrance Dues 1145 6th Street MTG 220.00 Hermosa Beach, CA 90254 The Rotary Club of Torrance Dues & donation 1145 6th Street 545.00 Hermosa Beach, CA 90254 The Rotary Club of Torrance Dues 1145 6th Street MTG 170.00 Hermosa Beach, CA 90254 Torrance Area Chamber of Commerce Dues 405.00 3400 Torrance Blvd., #100 Torrance, CA 90503 Torrance Kiwanis Club Dues 65.00 818 Manhattan Beach #200 Manhattan Beach, CA 90266 * Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$ 1.405.00

FPPC Form 460 (January/05)

Type or print in ink.

Amounts may be rounded to whole dollars.

		, ,
Statement covers period		CALIFORNIA 460
from	07/01/2013	FORM +OO
through_	12/31/2013	Page 9 of 13
		I.D. NUMBER
		761167

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Torrance Police Officers' Association PAC

COD	ES: If one of the following codes accur-	ately describes the	payment, you may enter the code.	Otherwise,	describe the payment.
CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
	candidate filing/ballot fees	PHO	phone banks		candidate travel, lodging, and meals
	fundraising events	POL	polling and survey research		staff/spouse travel, lodging, and meals
	independent expenditure supporting/opposing othe	rs (explain)* POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
ЦТ	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Torrance Kiwanis Club			
		Dues	
818 Manhattan Beach #200			
Manhattan Beach, CA 90266			65.00
Torrance Kiwanis Club			
TOTAMOC ATHRITIS CIAN		Program	
A40 W 1 11	į	Dues	65.00
818 Manhattan Beach #200 Manhattan Beach, CA 90266			
manuccui beach, ex 30200			
Torrance Kiwanis Club			
		Dues	
818 Manhattan Beach #200			257.00
Manhattan Beach, CA 90266			
V-1 A- Miles A	ļ		
Yolanda Miranda & Associates			
			300.00
728 W. Edna Place	PRO		
Covina, CA 91722			
	İ		i
Yolanda Miranda & Associates			
	DDO		
728 W. Edna Place	PRO		500.00
Covina, CA 91722			
			1
			OUDTOTAL &

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

SUBTOTAL \$

1,187.00

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period		CALIFORN	1A 160
from	07/01/2013	FORM	700
through_	12/31/2013	Page10	of13
	***************************************	LD. 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.

CMP campaign paraphernalia/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

T 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

POS postage, delivery and messenger services PRO professional services (legal, accounting) PRT print ads 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

RS staff/spouse travel, lodging, and meals

SF transfer between committees of the same candidate/sponsor

VOT voter registration

WEB information technology costs (internet, e-mail)

ouripaign increture and mainings	Titi pink aus		VIZZ IIIIOIIII TOOIII TOO		
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNTP	PAID
Yolanda Miranda & Associates					
				,	
728 W. Edna Place	PRO	- 1		1 3	00.00
Covina, CA 91722	FRO				
Yolanda Miranda & Associates					
TO STANDA W ADDOCTAGED		i			
728 W. Edna Place	PRO			3	300.00
Covina, CA 91722	- RO	l			
	†				
Yolanda Miranda & Associates					
728 W. Edna Place Covina, CA 91722	PRO	1		3	300.00
Yolanda Miranda & Associates					
				3	300.00
728 W. Edna Place Covina, CA 91722	PRO				
COVIDA, CR 31/22					
					-
				ļ	
				1	
				TOTAL 6	

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

SUBTOTAL \$

1,200.00

Schedule F **Accrued Expenses (Unpaid Bills)**

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

CALIFORNIA Statement covers period **FORM** 07/01/2013 from through 12/31/2013 Page 11 of 13

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.

RAD radio airtime and production costs MBR member communications CMP campaign paraphernalia/misc. RFD returned contributions CNS campaign consultants MTG meetings and appearances

office expenses SAL campaign workers' salaries CTB contribution (explain nonmonetary)* t.v. or cable airtime and production costs CVC civic donations petition circulating candidate travel, lodging, and meals phone banks candidate filing/ballot fees

staff/spouse travel, lodging, and meals POL polling and survey research FND fundraising events independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services TSF

professional services (legal, accounting) legal defense campaign literature and mailings PRT print ads

transfer between committees of the same candidate/sponsor VOT voter registration

300.00\$

300.00 \$

WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING 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 & Associates 728 W. Edna Place Covina, CA 91722	PRO	300.00	0.00	300.00	0.00
Yolanda Miranda & Associates 728 W. Edna Place Covina, CA 91722	PRO	0.00	300.00	0.00	300.00

Schedule F Summary

summarized on Schedule D.

* Payments that are contributions or independent expenditures must also be

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for

SUBTOTALS \$

2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)PAID TOTALS \$

3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and

300.00\$

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

300.00

Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.

Amounts may be rounded to whole dollars.

Statem	ent covers period	CALIFORNI	A	160
from	07/01/2013	FORM	tUU	
41	12/21/2013	- 12		13

SCHEDULE G

Contractor (on Benait of This Committee)			
	through12/31/2013	Page12 of13	
SEE INSTRUCTIONS ON REVERSE	I.D. NUMBER		
NAME OF FILER			
Torrance Police Officers' Association PAC	761167		
NAME OF AGENT OR INDEPENDENT CONTRACTOR			

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. RAD radio airtime and production costs MBR member communications CMP campaign paraphernalia/misc. RFD returned contributions MTG meetings and appearances CNS campaign consultants SAL campaign workers' salaries office expenses OFC CTB contribution (explain nonmonetary)* t.v. or cable airtime and production costs TEL petition circulating CVC civic donations PET candidate travel, lodging, and meals TRC PHO phone banks candidate filing/ballot fees TRS staff/spouse travel, lodging, and meals POL polling and survey research fundraising events transfer between committees of the same candidate/sponsor postage, delivery and messenger services independent expenditure supporting/opposing others (explain)* voter registration VOT professional services (legal, accounting) LEG legal defense WEB information technology costs (internet, e-mail) PRT print ads campaign literature and mailings

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR		AMOUNT PAID
Westin Sacramento	TRS	09/12-13/13 Lodging for 1 person Re: CLEA Meeting	451.17
4800 Riverside Blvd.			
Sacramento CA 95822			

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

Attach additional information on appropriately labeled continuation sheets.

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

TOTAL* \$

451.17

MasterCard

Schedule I Miscellaneous Increases to Cash		Type or print in ink. Amounts may be rounded to whole dollars.		SCHEDUL			
				Statement covers period from07/01/2013		CALIFORNIA 460	
				through 12/31/2013	Р	Page 13 _ of 13	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER						I.D. NUMBER	
Torrance Police Office	ers' Association PAC					761167	
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		DI	ESCRIPTION OF RECEIPT		AMOUNT OF INCREASE TO CASH	
Attach additional info	mation on appropriately labeled continuation sheets.			SI	JBTOTAL \$	0.00	
Schedule I Summ	arv						
1. Itemized increases	to cash this period.			\$	0.00		
2. Unitemized increases to cash of under \$100 this period\$							
3. Total of all interest	received this period on loans made to others. (So	chedule H, Col	umn (e).)	\$	0.00		
4 Total miscellaneou	s increases to cash this period. (Add Lines 1, 2, ne 14.)	and 3. Enter I	ere and on the		63.81	EDDO Form 460 / January/05	

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)