

Supplemental Independent Expenditure Report

(Government Code Section 84203.5)

SEE INSTRUCTIONS ON REVERSE

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

Amendment (Explain Below)

Report covers period
from 01/01/2014
through 06/30/2014
Date of election if applicable:
(Month, Day, Year)

Date Stamp

RECEIVED

2014 AUG 21 AM 9:46

CITY OF TORRANCE
CITY CLERK'S OFFICE

CALIFORNIA FORM 465

Page 1 of 3

ORIGINAL

1. Committee/Filer Information

I.D. NUMBER (If recipient committee)
761167

COMMITTEE/FILER'S NAME

Torrance Police Officers' Association PAC

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

Torrance CA 90501

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer (If recipient committee)

NAME OF TREASURER

Rick Rudd

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 Geoffrey Rizzo	OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE City Council Member: City of Torrance	SUPPORT	OPPOSE
NAME OF BALLOT MEASURE	BALLOT NO./LETTER	JURISDICTION	SUPPORT
			OPPOSE

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)
05/21/2014	U.S. Postal Services 2510 Monterey Street Torrance, CA 90503	Postage	710.00	2,426.76
05/21/2014	U.S. Postal Services 2510 Monterey Street Torrance, CA 90503	Postage	756.16	2,426.76
05/21/2014	New Equity Production 3723 Birch Street, Ste. 10 Newport Beach, CA 92660	Printing mailer	480.30	2,426.76

Supplemental Independent Expenditure Report

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

Report covers period		CALIFORNIA FORM 465
from	01/01/2014	
through	06/30/2014	Page <u>3</u> of <u>3</u>
NAME OF FILER		I.D. NUMBER (If recipient com.)
Torrance Police Officers' Association PAC		761167

SEE INSTRUCTIONS ON REVERSE

4. Summary

1. Total independent expenditures of \$100 or more made this period. (Part 3.)	\$	2,426.76
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	\$ 2,426.76

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
City Clerk of Torrance

ADDRESS (NO. AND STREET)
3031 Torrance Blvd.

CITY STATE ZIP CODE
Torrance CA 90503

3) NAME OF FILING OFFICER

ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE

2) NAME OF FILING OFFICER

ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE

4) NAME OF FILING OFFICER

ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE

6. Verification

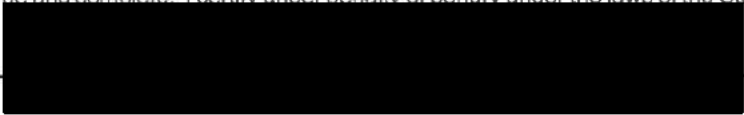
I certify that the "independent expenditure(s)" disclosed in this statement were not "made at the behest of" the candidate or committee that benefitted from the expenditure(s) as those terms are defined in Government Code Section 82031 and FPPC Regulation 18225.7. I have used all reasonable diligence 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 07/29/2014
DATE

Executed on _____
DATE

Executed on _____
DATE

Executed on _____
DATE

By 

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