Supplement	al Indopondent	ndent Type or print in ink.		SUPPLEMENTAL INDEPENDENT EXPENDITOR							
Expenditure		Amounts may be rounded to whole dollars.		Report covers p	Date Stam		CALIFORNIA FORM	465			
(Government Code Section 84203.5)			from01/01/2014		14	RECEIN	/ED	FORM	11.517		
SEE INSTRUCTIONS O	DN REVERSE	Amendment (Explain E	Below)	through06/30/2014		2014 AUG [1	AM 9: 45	Page 1	of3		
			n	Date of election if ap (Month, Day, Ye		CITY OF TOP	RRANCE OFFICE	For Official L	Jse Only		
1. Committee	e/Filer Information	I.D. NUMBER (If recipient committee) 761167)	Treasurer (#	f recipient co	nmittee)	-				
COMMITTEE/FILE	R'S NAME	761167		NAME OF TREASUR	RER						
Torrance Pol:	ice Officers' Association P	AC		Rick Rudd							
				MAILING ADDRESS							
STREET ADDRES	S (NO P.O. BOX)										
	OTATE	ZIP CODE AREA CODE/PHO	ONE	CITY		STATE	ZIP CODE	AREA CO	DDE/PHONE		
CITY	STATE CA	90501 AREA CODE/FAC	ONE	Torrance		CA	90501				
OPTIONAL: FAX/		90301		OPTIONAL: FAX / E	-MAIL ADDRE	SS					
OF HORAL. FAXY	L-WAIL ADDITION										
2. Name of C	andidate or Measure S	upported or Opposed							CHECK ONE		
NAME OF CANDIDATE				OFFICE SOUGHT OR HEL	D AND DISTE	RICT, IF APPLICABLE	-	su	PPORT OPPOSE		
Leilani Kimmel- Dagostino				City Council Member: City Of Torrance				Х			
NAME OF BALLOT MEASURE				BALLOT NO./LETTER	JURISDICT	ON		SU	PPORT OPPOSE		
3. Independe	ent Expenditures Made	Attach additional information on appl	ropriately	labeled continuation shee	ets.			CUMULATIVE			
DATE	NAME AND ADI	DRESS OF PAYEE		DESCRIPTION OF EXPE	NDITURE	AMC	DUNT	CALENDAR (JAN. 1 - D			
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	0	Printir	ng mailer			480.30		2,426.76		

SUPPLEMENTAL INDEPENDENT EXPENDITURE

Supplemental Independent **Expenditure Report**

SEE INSTRUCTIONS ON REVERSE

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

For use by an officeholder, candidate, or committee making independent expenditures totaling \$1000 or more in a calendar year to support or oppose a single candidate or a single measure. This form must be filed at the same times and places as the campaign statements filed by the candidate supported or opposed or by a committee primarily formed to support or oppose the measure. A separate form must be filed for each candidate or measure being supported or opposed. This form is filed in addition to

Report covers period	Date Stamp	CALIFORNIA	16						
rom01/01/2014		FORM	40						
hrough 06/30/2014		Page2	of3						
Date of election if applicable: (Month, Day, Year)		For Official	Jse Only						

FOF	RM	400
Page_	2	of3
Fo	r Official	Use Only

IV Independent Expenditures Made Attach additional information on appropriate NAME AND ADDRESS OF PAYEE							
			on appropriately labeled continuation sheets. DESCRIPTION OF EXPENDITURE		AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	
05/21/2014	New Equity Production 3723 Birch Street, Ste. 10 Newport Beach, CA 92660		ng mailer		480.30		2,426.7

Supplemental Independent

Type or print in ink.

Expenditure Report		Amounts may be rounded to whole dollars.		Rep	ort covers period	CALIFORNIA 465			5
				from	01/01/2014			2.102	
SEE INSTRUCTIONS ON REVERSE		through_	06/30/2014	Page	3	of3			
NAME OF FILER						I.D. NUMBER (If recipient com.)			
Torrance Police Officers' Association PAC						761167			
4. Summary									
 Total independent expenditures of \$100 or me 	ore made th	nis period. (Part	3.)			\$		2,426.7	6
2. Total independent expenditures under \$100 m	zed.)			\$		0.0	0		
3. Total independent expenditures made this pe	eriod (Add	Lines 1 + 2.)			тот/	AL \$_		2,426.7	6
5. Filing Officers Enter the name and address of	of each filing	officer with whom	n the filer's most recent campa	aign stateme	nts (Form 450, 460 or 4	161) have b	een file	d.	
1) NAME OF FILING OFFICER			3) NAME OF FILING O	OFFICER					
City Clerk of Torrance			_						
ADDRESS (NO. AND STREET)			ADDRESS		(NO. AND STREET)				
3031 Torrance Blvd.	STATE	ZIP CODE	CITY			STATE	ZIP C	ODE	
CITY Torrance	CA	90503	CITY			SIAIE	ZIF C	ODE	
2) NAME OF FILING OFFICER	CA	70303	4) NAME OF FILING C	OFFICER					_
ADDRESS (NO. AND STREET)			ADDRESS		(NO. AND STREET)				
CITY	STATE	ZIP CODE	CITY			STATE	ZIP C	ODE	_
6. Verification									
I certify that the "independent expenditure(s)" disclos as those terms are defined in Government Code Sect statement and to the best of my knowledge the inform the foregoing is true and correct.	ion 82031 a	nd FPPC Regulation	on 18225.7. I have used all reas	sonable dilig	ence in preparing and re	viewing this			
DATE 07/29/2014		Ву	GIGIPATORE OF TIEER, II	NO MENOREM ON A	coronario menoone R			-	
Executed on		BySIGNATURE OF COR	NTROLLING OFFICEHOLDER, CANDIDATE,	, STATE MEASUR	RE PROPONENT, OR RESPONSIB	ILE OFFICER OF	F SPONSO	R	
Executed on		Ву	SIGNATURE OF CONTROLLING OFFICE	HOLDER, CAND	IDATE, STATE MEASURE PROPO	DNENT		-	
Executed on		Ву							

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT