Statement of Organization
Recipient Committee

Type or print in ink

STATEMENT OF ORGANIZATION

CALIFORNIA FORM **410**

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Statement Type

☐ **Initial**
Not yet qualified ☐ or
___/___/___
Date qualified as committee

☒ **Amendment**
List I.D. number:
1324945
03 / 26 / 10
Date qualified as committee
(If applicable)

☐ **Termination – See Part 5**
List I.D. number:
#
___/___/___
Date of Termination

1. Committee Information

NAME OF COMMITTEE
Taxpayers for Groom Torrance City Treasurer 2010

STREET ADDRESS (NO P.O. BOX)
5413 Arvada St

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Torrance	CA	90503	(310) 370-1246

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS
Stevegroom2010@gmail.com

COUNTY OF DOMICILE	COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE
Los Angeles	

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Steve Groom
STREET ADDRESS (NO P.O. BOX)
5413 Arvada St

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Torrance	CA	90503	(310) 370-1246

NAME OF ASSISTANT TREASURER, IF ANY
Kathleen Groom
STREET ADDRESS (NO P.O. BOX)
5413 Arvada st

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Torrance	CA	90503	(310) 370-1246

NAME OF PRINCIPAL OFFICER(S)
Steve Groom
STREET ADDRESS (NO P.O. BOX)
5413 Arvada St

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Torrance	CA	90503	(310) 370-1246

3. Verification

I have used all reasonable diligence in preparing 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 MAY 14, 2010 (DATE) By [redacted] TREASURER

Executed on MAY 14, 2010 (DATE) By [redacted] STATE MEASURE PROPONENT

Executed on ___ (DATE) By [redacted] SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on ___ (DATE) By ___ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT