

**Statement of Organization
Recipient Committee**

STATEMENT OF ORGANIZATION

**CALIFORNIA
FORM 410**

For Official Use Only

COPY

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2010 MAR -3 AM 10:45

Termination - See Part 5
List I.D. number: # _____

Amendment
List I.D. number: # 1322415

Not yet qualified or

_____ / _____ / _____
Date of Termination

_____ / _____ / _____
Date qualified as committee
(if applicable)

_____ / _____ / _____
Date qualified as committee

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Cindy Scotto

STREET ADDRESS
1750 W. 223rd Street

CITY STATE ZIP CODE AREA CODE/PHONE
Torrance CA 90501 310 212-6751

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF COMMITTEE
Re-Elect Frank Scotto Mayor 2010

STREET ADDRESS (NO P.O. BOX)
1750 W. 223rd Street

CITY STATE ZIP CODE AREA CODE/PHONE
Torrance CA 90501 310 212-6751

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT
THAN COUNTY OF DOMICILE

Los Angeles

Attach additional information on appropriately labeled continuation sheets.

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 2-21-10 By _____

DATE

Executed on 2-21-10 By _____

DATE

Executed on _____ By _____

DATE

Executed on _____ By _____

DATE

SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROponent

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INSTRUCTIONS ON REVERSE

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COMMITTEE NAME
Re-Elect Frank Scotto Mayor 2010
I.D. NUMBER
1322415

4. Type of Committee

Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "non-partisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROponent	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
Frank Scotto	Mayor, City of Torrance	2010	<input checked="" type="checkbox"/> Non-Partisan
			<input type="checkbox"/> Non-Partisan

- List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

NAME OF FINANCIAL INSTITUTION
First California Bank
ADDRESS
2200 Sepulveda Blvd.

AREA CODE/PHONE
(310) 534-2400

CITY
Torrance

STATE
CA

ZIP CODE
90501

BANK ACCOUNT NUMBER

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE
		SUPPORT
		OPPOSE
		SUPPORT
		OPPOSE

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COMMITTEE NAME

I.D. NUMBER

Re-Elect Frank Scotto Mayor 2010

1322415

4. Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

CITY Committee COUNTY Committee STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Re-elect Frank Scotto for Mayor

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

Small Contributor Committee

Date qualified _____ / _____ / _____ Check box and provide the date this committee qualified as a small contributor committee. If the committee qualified as a small contributor committee on January 1, 2001, enter 1/1/01.

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.

-- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.