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Statement of Organization Recipient Committee

Statement Type Initial Amendment Termination - See Part 5
Not yet qualified or

2014 JUN 11 AM 10:38
1360115
06 / 17 / 14
CITY OF TORRANCE CITY CLERK'S OFFICE
Date qualified as committee (If applicable) Date of Termination

RECEIVED AND FILED
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of the State of California

JUN 20 2014

CALIFORNIA FORM 410

For Official Use Only

2014 JUN 30 PM 4:00

CAMPAIGN FINANCE DISCLOSURE SECTION

NAME OF COMMITTEE

Heidi Ashcraft for City Council 2014

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

Torrance CA 90503

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE

Los Angeles

NAME OF TREASURER

Helen A. Nowatka

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

Torrance CA 90501

NAME OF ASSISTANT TREASURER, IF ANY

Heidi Ashcraft

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

Torrance CA 90503

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

Torrance CA 90503

Attach additional information on appropriately labeled continuation sheets.

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 information provided is true and complete.

Executed on 6/17/14 By [Redacted]
DATE ASSISTANT TREASURER

Executed on 10-18-14 By [Redacted]
DATE CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT