Statement of Organization
Recipient Committee

Type or print in ink

STATEMENT OF ORGANIZATION

CALIFORNIA FORM **410**

For Official Use Only

COPY

RECEIVED
2009 SEP 21 PM 4:20
CITY OF TORRANCE
CITY CLERK'S OFFICE

Statement Type

☒ **Initial**
Not yet qualified ☐ or
08 / 05 / 2009
Date qualified as committee

☐ **Amendment**
List I.D. number:
#
Date qualified as committee (If applicable)

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

1. Committee Information

NAME OF COMMITTEE
FRIENDS OF DICK BROWNING FOR COUNCIL 2010

STREET ADDRESS (NO P.O. BOX)
3240 CANDLEWOOD ROAD

CITY	STATE	ZIP CODE	AREA CODE/PHONE
TORRANCE	CA	90505	213-489-4792

MAILING ADDRESS (IF DIFFERENT)
555 SOUTH FLOWER STREET, SUITE 4210, L. A. CA 90071

OPTIONAL: FAX / E-MAIL ADDRESS
213-489-4818/dlgould@davidgouldcompany.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
DAVID L. GOULD

STREET ADDRESS
555 S. FLOWER STREET, SUITE 4210

CITY	STATE	ZIP CODE	AREA CODE/PHONE
LOS ANGELES	CA	90071	213-489-4792

NAME OF ASSISTANT TREASURER, IF ANY
MICHELLE MOORE SANDERS

STREET ADDRESS
555 S. FLOWER STREET, SUITE 4210

CITY	STATE	ZIP CODE	AREA CODE/PHONE
LOS ANGELES	CA	90071	213-489-4792

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

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE

3. Verification

I have used all reasonable diligence in preparing this statement and to the [redacted] er penalty of perjury under the laws of the State of California that the foregoing is true a

Executed on 08-05-09
DATE

By [redacted]

Executed on 08-06-09
DATE

By [redacted]

Executed on
DATE

By
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on
DATE

By
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

STATEMENT OF ORGANIZATION
CALIFORNIA FORM 410

COMMITTEE NAME
FRIENDS OF DICK BROWNING FOR COUNCIL 2010

I.D. NUMBER

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
RICHARD "DICK" BROWNING	CITY COUNCIL MEMBER - TORRANCE CA	2010	☒ Non-Partisan
			☐ Non-Partisan

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

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER	
CALIFORNIA BANK & TRUST	213-228-1700	[redacted]	
ADDRESS	**CITY**	**STATE**	**ZIP CODE**
550 S. HOPE STREET, SUITE 100	LOS ANGELES	CA	90071

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

Statement of Organization
Recipient Committee

STATEMENT OF ORGANIZATION
CALIFORNIA FORM **410**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME
FRIENDS OF DICK BROWNING FOR COUNCIL 2010

I.D. NUMBER

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

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.