

Statement of Organization Recipient Committee

Type or print in ink

Statement Type Initial

Not yet qualified or

Amendment

List I.D. number:

Termination - See Part 5

List I.D. number:

COPY

STATEMENT OF ORGANIZATION

CALIFORNIA FORM 410

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 CITY CLERK OFFICE

1. Committee Information

NAME OF COMMITTEE

Re-elect Tom Brewer 2010

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Helen A. Nowatka

STREET ADDRESS

23020 Crenshaw Blvd.

CITY

Torrance

STATE CA

ZIP CODE 90505

AREA CODE/PHONE

310-530-1365

NAME OF ASSISTANT TREASURER, IF ANY

Tom Brewer

STREET ADDRESS

23020 Crenshaw Blvd.

CITY

Torrance

STATE CA

ZIP CODE 90505

AREA CODE/PHONE

310-530-1365

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 best of my knowledge and belief the foregoing is true and correct.

Executed on 5-16-09 DATE

Executed on 5-18-09 DATE

Executed on _____ DATE

Executed on _____ DATE

By _____

By _____

By _____

By _____

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPOSER

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPOSER

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INSTRUCTIONS ON REVERSE

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I.D. NUMBER

COMMITTEE NAME

Re-elect Tom Brewer 2010

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
Tom Brewer	City Council Member	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 _____ AREA CODE/PHONE _____ BANK ACCOUNT NUMBER _____

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

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
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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.