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Torrance
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Rejected: LR / 10-21-13
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Statement of Organization
Recipient Committee

RECEIVED BY LOS ANGELES COUNTY
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CAMPAIGN FINANCE DISCLOSURE SECTION

CALIFORNIA FORM 410

Date Stamp

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~~OCT 18 2013~~
DEBRA BOWEN Secretary of State

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Statement Type

☒ Initial — Not yet qualified ☒ or R.K

☐ Amendment — List I.D. number: #

☐ Termination — See Part 5 — List I.D. number:

Date qualified as committee: ___/___/___

Date qualified as committee (If applicable): ___/___/___

Date of Termination: ___/___/___

1. Committee Information

NAME OF COMMITTEE: RAHMAT H. KHAN FOR Councilmember

STREET ADDRESS (NO P.O. BOX): [redacted] ~~Torrance~~ 2014

CITY: Torrance STATE: CA ZIP CODE: 90503. AREA CODE/PHONE: [redacted]

MAILING ADDRESS (IF DIFFERENT): [redacted] / [redacted]

FAX / E-MAIL ADDRESS:

COUNTY OF DOMICILE: LOS ANGELES

JURISDICTION WHERE COMMITTEE IS ACTIVE: CITY OF TORRANCE

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER: ZAFAR KARIMI

STREET ADDRESS (NO P.O. BOX): [redacted]

CITY: TORRANCE STATE: CA ZIP CODE: 90503. AREA CODE/PHONE: [redacted]

NAME OF ASSISTANT TREASURER, IF ANY:

STREET ADDRESS (NO P.O. BOX):

CITY: STATE: ZIP CODE: AREA CODE/PHONE:

NAME OF PRINCIPAL OFFICER(S):

STREET ADDRESS (NO P.O. BOX):

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 the information contained herein is true and complete. I certify under penalty of perjury under the laws of the St[redacted]

X Executed on Oct 13, 2013 (DATE) By [redacted]

X Executed on 10-13-2013 (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

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

Statement of Organization
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INSTRUCTIONS ON REVERSE

CALIFORNIA FORM 410

COMMITTEE NAME: Dr KHAN

I.D. NUMBER:

- **All committees must list the financial institution where the campaign bank account is located.**

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER
TORRANCE community CREDIT union	310 618 9111 xT34	[redacted]

ADDRESS	CITY	STATE	ZIP CODE
2377 CRENSHAW Blvd suit 150	Torrance	CA	90501

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 "nonpartisan."
- 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
RAHMAT H. KHAN	TORRANCE COUNCIL MEMBER	2014	☒ Nonpartisan
			☐ Nonpartisan

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
		☐	☐
		☐	☐