19

Torrance

1356365

Statement of Organization
Recipient Committee

Statement Type

☑ **Initial**
Not yet qualified ☐ or
03 / 15 / 2013
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

Date Stamp
FILED in the Office of the Secretary of State State of California
MAR 25 2013
DEBRA BOWEN Secretary of State

CALIFORNIA FORM 410
For Office Use Only
2013 APR 16 PM 4:16
CAMPAIGN FINANCE DISCLOSURE SECTION

RECEIVED 2013 MAY 10 10:05

1. Committee Information

NAME OF COMMITTEE
Aurelio Mattucci for City Council 2014

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

CITY | STATE | ZIP CODE | AREA CODE/PHONE
Torrance | CA | 90505 | [redacted]

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS
[redacted]

COUNTY OF DOMICILE: Los Angeles

JURISDICTION WHERE COMMITTEE IS ACTIVE

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Aurelio Mattucci

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

CITY | STATE | ZIP CODE | AREA CODE/PHONE
Torrance | CA | | [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 State of California [redacted]

Executed on 03/20/2103 (DATE) By [redacted] ...IER

Executed on 03/20/2013 (DATE) By [redacted] ...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