

**Statement of Organization Recipient Committee**

Type or print in Ink

Statement Type  Initial  
Not yet qualified  or

Amendment  
List I.D. number: # 1317940

Termination - See Part 5  
List I.D. number: # \_\_\_\_\_

06 / 04 / 09  
Date qualified as committee

Date qualified as committee  
(if applicable)

Date of Termination

**1. Committee Information**

NAME OF COMMITTEE  
Committee to Re-Elect Bill Sutherland 2010

STREET ADDRESS (NO P.O. BOX)

23020 Crenshaw Blvd.

CITY STATE ZIP CODE AREA CODE/PHONE  
Torrance CA 90505 310 530-1365

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE  
Los Angeles  
COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE

Attach additional information on appropriately labeled continuation sheets.

**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 that the foregoing is true and complete.

Executed on July 7, 2009  
DATE

Executed on July 7, 2009  
DATE

Executed on \_\_\_\_\_  
DATE

Executed on \_\_\_\_\_  
DATE

By \_\_\_\_\_ ASSISTANT TREASURER  
By \_\_\_\_\_ DATE, OR STATE MEASURE PROponent  
By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent  
By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

**COPY**

STATEMENT OF ORGANIZATION

CALIFORNIA FORM 410

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CITY OF TORRANCE  
CITY CLERK'S OFFICE

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER

Helen A. Nowatka

STREET ADDRESS (NO P.O. BOX)

23020 Crenshaw Blvd

CITY STATE ZIP CODE AREA CODE/PHONE  
Torrance CA 90505 310 530-1365

NAME OF ASSISTANT TREASURER, IF ANY

Bill Sutherland

STREET ADDRESS (NO P.O. BOX)

23020 Crenshaw Blvd

CITY STATE ZIP CODE AREA CODE/PHONE  
Torrance CA 90505 310 530-1365

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

# Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

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I.D. NUMBER 1317940
COMMITTEE NAME Committee to Re-Elect Bill Sutherland 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
Bill Sutherland	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 Torrance Community Credit Union	AREA CODE/PHONE 310 618-9111	BANK ACCOUNT NUMBER [REDACTED]
ADDRESS 2377 Crenshaw Blvd	CITY Torrance	STATE ZIP CODE CA 90501

### 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  
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**410**

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

I.D. NUMBER

1317940

Committee to Re-Elect Bill Sutherland 2010

## 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

**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.
- Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.