

**Statement of Organization
Recipient Committee**

Statement Type

Initial

Not yet qualified or

01 / 09 / 2014

Date qualified as committee

Amendment

List I.D. number:

Date qualified as committee
(If applicable)

Termination – See Part 5

List I.D. number:

1363153

Date of Termination

Date Stamp RECEIVED 2015 JAN 29 AM 11:57 CITY OF TORRANCE CITY CLERK'S OFFICE	CALIFORNIA FORM 410 For Official Use Only COPY
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1. Committee Information

NAME OF COMMITTEE

JAY SCHARFMAN FOR CLERK 2014

STREET ADDRESS (NO P.O. BOX)

21105 Madrona Ave.

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Torrance

CA

90503

(310)371-7906

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS

scharfman@earthlink.net

COUNTY OF DOMICILE

JURISDICTION WHERE COMMITTEE IS ACTIVE

Los Angeles

City of Torrance

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Christina Scharfman

STREET ADDRESS (NO P.O. BOX)

21105 Madrona Ave.

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Torrance

CA

90503

(310)371-7906

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

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 correct.

Executed on

1-29-15
DATE

By

Christina Scharfman
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on

1/29/15
DATE

By

Jay Scharfman
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
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

JAY SCHARFMAN FOR CLERK 2014

I.D. NUMBER

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

NAME OF FINANCIAL INSTITUTION Torrance Community FCU	AREA CODE/PHONE (310)618-9111	BANK ACCOUNT NUMBER 964363
ADDRESS 2377 Crenshaw Blvd. Suite 150	CITY Torrance	STATE ZIP CODE 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
Jay Scharfman	City Clerk - City of Torrance	2014	<input checked="" type="checkbox"/> Nonpartisan
			<input type="checkbox"/> 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 <input type="checkbox"/>	OPPOSE <input type="checkbox"/>
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>