

19

Torrance

Statement of Organization Recipient Committee

Statement Type Initial Not yet qualified or

01/09/2014 Date qualified as committee

Amendment Termination - See Part 5 List I.D. Number: 1363153 Date of Termination: 1/1/2014

RECEIVED

RECEIVED AND FILED in the office of the Secretary of State of the State of California

JUL 07 2014

CALIFORNIA FORM 410 For Official Use Only 2014 JUL 14 PM 4:13 CAMPAIGN FINANCE DISCLOSURE SECTION

1. Committee Information

NAME OF COMMITTEE: JAY SCHARFMAN FOR CLERK 2014. CITY: Torrance, STATE: CA, ZIP CODE: 90503. COUNTY OF DOMICILE: Los Angeles, JURISDICTION WHERE COMMITTEE IS ACTIVE: City of Torrance.

2. Treasurer and Other Principal Officers

NAME OF TREASURER: Christina Scharfman. CITY: Torrance, STATE: CA, ZIP CODE: 90503.

Attach additional information on appropriately labeled continuation sheets.

3. Verification

I have used all reasonable diligence in preparing the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the information contained herein is true and complete.

Executed on 7/1/14 By [Signature] OR ASSISTANT TREASURER. Executed on 7/1/14 By [Signature] CANDIDATE, OR STATE MEASURE PROPONENT. Executed on [Date] By [Signature] SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT.

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 2

COMMITTEE NAME
JAY SCHARFMAN FOR CLERK 2014

I.D. NUMBER
1363153

- 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 [REDACTED]
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	OPPOSE
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>