

Statement of Organization
Recipient Committee

Type or print in ink

STATEMENT OF ORGANIZATION

Statement Type Initial

Not yet qualified or

Date qualified as committee

Amendment

List I.D. number:

Date qualified as committee
(if applicable)

Termination - See Part 5

List I.D. number:

1353186

06 / 06 / 14

Date of Termination

Date Stamp	RECEIVED	CALIFORNIA FORM 410
2014 JUN 12 PM 1:15		For Official Use Only
	CITY OF TORRANCE CITY CLERK'S OFFICE	

1. Committee Information

NAME OF COMMITTEE

Alex See for Torrance City Council 2014

STREET ADDRESS (NO PO. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

Torrance CA 90505

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Helen A. Nowatka

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

Torrance CA 90501

NAME OF ASSISTANT TREASURER, IF ANY

Alex See

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

Torrance CA 90505

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE

MAILING ADDRESS

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 that the foregoing is true and correct.

Executed on 6/9/14 DATE

By _____

Executed on 6/9/14 DATE

By _____
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