

19

Torrance

# Statement of Organization Recipient Committee

STATEMENT OF ORGANIZATION

CALIFORNIA FORM 410

Statement Type  Initial

Not yet qualified  or

Date qualified as committee

Type or print in ink

RECEIVED

Ame 2014  
List I.D. number:

Termination - See Part 2  
List I.D. number:

1353186

#

CITY OF TORRANCE  
CITY CLERK'S OFFICE

06 / 06 / 14

Date qualified as committee (if applicable)

Date of Termination

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

JUN 16 2014

For Official Use Only

2014 JUN 23 PM 1:00

CAMPAIGN FINANCE  
DISCLOSURE

## 1. Committee Information

NAME OF COMMITTEE  
Alex See for Torrance City Council 2014

STREET ADDRESS (NO P.O. 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 [Signature]

Executed on 6/9/14 DATE

By [Signature]

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