

**Statement of Organization
Recipient Committee**

Statement Type Initial Amendment Termination – See Part 5
 Not yet qualified or List I.D. number: # 1362109
 _____ # _____
 Date qualified as committee Date qualified as committee Date of Termination
 (If applicable)

Date Stamp
RECEIVED
 2014 JUN 12 PM 1:15
 CITY OF TORRANCE
 CITY CLERK'S OFFICE

CALIFORNIA FORM 410
 For Official Use Only

NAME OF COMMITTEE
Gina Semana 4 City Clerk 2014
 STREET ADDRESS (NO P.O. BOX)

 CITY STATE ZIP CODE AREA CODE/PHONE
Torrance CA 90501
 MAILING ADDRESS (IF DIFFERENT)

 FAX / E-MAIL ADDRESS

 COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
Los Angeles

NAME OF TREASURER
Helen A. Nowatka
 STREET ADDRESS (NO P.O. BOX)

 CITY STATE ZIP CODE AREA CODE/PHONE
Torrance CA 90501
 NAME OF ASSISTANT TREASURER, IF ANY
Gina Semana
 STREET ADDRESS (NO P.O. BOX)

 CITY STATE ZIP CODE AREA CODE/PHONE
Torrance CA 90501
 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.

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 By _____
 DATE
 Executed on 6/9/14 By _____
 DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
 Executed on _____ By _____
 DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
 Executed on _____ By _____
 DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT