

Torrance

Statement of Organization Recipient Committee

Statement Type [] Initial [] Not yet qualified [] or

[] Amendment [] Termination - See Part 5 List I.D. number: 1348689

Date qualified as committee

Date qualified as committee (If applicable)

Date of Termination

RECEIVED AUG 11 AM 10:38 CITY OF TORRANCE CITY CLERK'S OFFICE

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JUL 10 2014

Date Stamp

CALIFORNIA FORM 410

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CAMPAIGN FINANCE DISCLOSURE SECTION

NAME OF COMMITTEE

Bill Sutherland for Mayor 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

Los Angeles

JURISDICTION WHERE COMMITTEE IS ACTIVE

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

Bill Sutherland

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 7/1/2014 By [Signature]

Executed on 7-1-14 By [Signature]

Executed on [Date] By [Signature]

Executed on [Date] By [Signature]