19

TORRANCE

Statement of Organization
Recipient Committee

Statement Type

☐ Initial
Not yet qualified ☐ or

11 / 29 / 2013
Date qualified as committee

☐ Amendment
List I.D. number:
1362178

/ /
Date qualified as committee (If applicable)

☑ Termination See Part 5
List I.D. number:
1362178

06 / 30 / 2014
Date of Termination

RECEIVED
2014 AUG 11 AM 10:38
CITY OF TORRANCE
CITY CLERK'S OFFICE

Date Stamp
RECEIVED
2014 JUN 23 PM 1:45
CITY OF TORRANCE
CITY CLERK'S OFFICE

CALIFORNIA FORM 410
For Official Use Only
RECEIVED AND FILED
in the office of the Secretary of State
of the State of California
JUN 25 2014

*C10153

1. Committee Information

NAME OF COMMITTEE
John Paul Tabakian For Torrance City Council 2014

STREET ADDRESS (NO P.O. BOX)
[redacted]

CITY: Torrance
STATE: CA
ZIP CODE: 90505
AREA CODE/PHONE: [redacted]

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS
[redacted]

COUNTY OF DOMICILE: Los Angeles
JURISDICTION WHERE COMMITTEE IS ACTIVE: City of Torrance

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER
John Paul Tabakian

STREET ADDRESS (NO P.O. BOX)
[redacted]

CITY: Torrance
STATE: CA
ZIP CODE: 90505
AREA CODE/PHONE: [redacted]

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY | STATE | ZIP CODE | AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

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 06/23/2014 (DATE) By [redacted] ER OR ASSISTANT TREASURER

Executed on 06/23/2014 (DATE) By [redacted] R, 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

JR