

**Statement of Organization  
Recipient Committee**

Type or print in ink

STATEMENT OF ORGANIZATION

Statement Type

Initial  
Not yet qualified  or

Amendment  
List I.D. number:

# \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date qualified as committee

Termination - See Part 5  
List I.D. number:

# \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date qualified as committee  
(If applicable)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Termination

Date Stamp  
**RECEIVED**  
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**1. Committee Information**

NAME OF COMMITTEE

Coalition for a better TORRANCE

STREET ADDRESS (NO P.O. BOX)

18716 CRANBROOK AV

CITY STATE ZIP CODE AREA CODE/PHONE

TORRANCE CA 90504 310-613-9099

MAILING ADDRESS (IF DIFFERENT)

PO Box 6101 - TORRANCE, CA 90504

OPTIONAL: FAX / E-MAIL ADDRESS

Yesonair@torrance@gmail.com

COUNTY OF DOMICILE

Los Angeles

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

PATRICK J. FUREX

STREET ADDRESS (NO P.O. BOX)

18716 CRANBROOK AV

CITY STATE ZIP CODE AREA CODE/PHONE

TORRANCE CA 90504 310-613-9099

NAME OF ASSISTANT TREASURER, IF ANY

DON LEE

STREET ADDRESS (NO P.O. BOX)

19325 BECKWORTH AVE 310-345-0071

CITY STATE ZIP CODE AREA CODE/PHONE

TORRANCE CA 90503

NAME OF PRINCIPAL OFFICER(S)

PATRICK J. FUREX

STREET ADDRESS (NO P.O. BOX)

18716 CRANBROOK AV

CITY STATE ZIP CODE AREA CODE/PHONE

TORRANCE CA 90504 310-613-9099

**3. Verification**

I have used all reasonable diligence in preparing this statement and to the best of my knowledge and belief the information provided 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 MARCH 26, 2010  
DATE

By \_\_\_\_\_

Executed on MARCH 26, 2010  
DATE

By \_\_\_\_\_

Executed on \_\_\_\_\_  
DATE

By \_\_\_\_\_

Executed on \_\_\_\_\_  
DATE

By \_\_\_\_\_

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROponent

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROponent