

-copy-

Statement of Organization Recipient Committee

Statement Type

Initial

Not yet qualified or

Amendment

List I.D. number:

_____/_____/_____
Date qualified as committee

_____/_____/_____
Date qualified as committee
(if applicable)

Termination - See Part 5

List I.D. number:

1383301

07/18/16
Date of Termination

Date Stamp
RECEIVED
JUL 19 2016
1:00 PM
City of Torrance
City Clerk's Office

CALIFORNIA FORM 410
For Official Use Only

1. Committee Information

NAME OF COMMITTEE

DR ENA FOR CITY COUNCIL 2016

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

TORRANCE CA 90503

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE

JURISDICTION WHERE COMMITTEE IS ACTIVE

LOS ANGELES

CITY

2. Treasurer and Other Principal Officers

NAME OF TREASURER

GENGHMAN ENA

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

TORRANCE CA 90503

NAME OF ASSISTANT TREASURER, IF ANY

SOPHIE DREIFUSS

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

TORRANCE CA 90503

NAME OF PRINCIPAL OFFICER(S)

GENGHMAN ENA

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

TORRANCE CA 90503

Attach additional information on appropriately labeled continuation sheets.

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 18 July 2016 By _____
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 18 July 2016 By _____
DATE SIGNATURE OF CONTROLLING OFFICE HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICE HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICE HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT