

19

# Statement of Organization Recipient Committee

1359995

Statement Type  Initial  Amendment  Termination - See Part 5  
Not yet qualified  or

RECEIVED BY LOS ANGELES COUNTY  
List I.D. Number: \_\_\_\_\_  
List I.D. Number: \_\_\_\_\_

~~2013 OCT 25 AM 9:05~~ # \_\_\_\_\_  
Date qualified as committee Date qualified as committee Date of Termination  
2013 SEP -3 PM 2:48

Date Stamp  
DEBRA BOWEN  
AUG 27 2013  
in the office of the Secretary of State of California

CALIFORNIA FORM 410  
For Official Use Only  
RECEIVED AND FILED  
in the office of the Secretary of State of California  
AUG 27 2013  
Secretary of State

NAME OF COMMITTEE  
**Committee to Elect Herring City Council 2014**

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

CITY STATE ZIP CODE AREA CODE/PHONE  
**Torrance CA 90501 [REDACTED]**

MAILING ADDRESS (IF DIFFERENT)  
\_\_\_\_\_

FAX / E-MAIL ADDRESS  
\_\_\_\_\_

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE  
**Los Angeles**

NAME OF TREASURER  
**Cinda Herring**

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

CITY STATE ZIP CODE AREA CODE/PHONE  
**Torrance CA 90501 [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  
\_\_\_\_\_

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 information provided is true and correct.

Executed on August 22, 2013 By \_\_\_\_\_  
DATE

Executed on August 22, 2013 By \_\_\_\_\_  
DATE

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

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

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 2

I.D. NUMBER

COMMITTEE NAME

Committee to Elect Herring City Council 2014

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION <b>US Bank</b>	AREA CODE/PHONE <b>310-326-2345</b>	BANK ACCOUNT NUMBER [REDACTED]	
ADDRESS <b>2860 West Sepulveda Boulevard</b>	CITY <b>Torrance</b>	STATE <b>CA</b>	ZIP CODE <b>90505</b>

**Type of Committee** Complete the applicable sections.

**Controlled Committee**

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
Milton S. Herring, I	City Council		<input checked="" type="checkbox"/> Nonpartisan
			<input type="checkbox"/> Nonpartisan

**Primarily Formed Committee**

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>