

**Statement of Organization
Recipient Committee**

Statement Type

Initial

Not yet qualified or

Amendment

List I.D. number:

1359995

08 / 27 / 2013

Date qualified as committee

Date qualified as committee
(if applicable)

Termination - See Part 5

List I.D. number

#

Date of Termination

RECEIVED

2013 OCT 25 AM 9:05

CITY OF TORRANCE
CITY CLERK'S OFFICE

Date Stamp

RECEIVED AND FILED

in the office of the Secretary of State
of the State of California

SEP. 06 2013

CALIFORNIA FORM 410

For Official Use Only

2013 SEP 18 PM 4:19

CAMPAIGN FINANCE
DISCLOSURE SECTION

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

[Redacted]

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)

[Redacted]

CITY STATE ZIP CODE AREA CODE/PHONE

[Redacted]

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

[Redacted]

CITY STATE ZIP CODE AREA CODE/PHONE

[Redacted]

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 9-3-13 By [Redacted]

Executed on 9-3-13 By [Redacted]

Executed on _____ By _____

Executed on _____ By _____

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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Recipient Committee**

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME
Committee to Elect Herring City Council 2014

I.D. NUMBER

1359995

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

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

4 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 Stewart Herring	City Council	2014	<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"/>