

**Statement of Organization  
Recipient Committee**

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

RECEIVED Date Stamp

2013 DEC - 8 PM 2: 53

**CALIFORNIA FORM 410**

For Official Use Only

**COPY**

**1. Committee Information**

NAME OF COMMITTEE

**RAHMATH H. KHAN FOR council member**

STREET ADDRESS (NO P.O. BOX)

\_\_\_\_\_  
**TORRANCE 2014**

CITY STATE ZIP CODE AREA CODE/PHONE

**Torrance CA 90503.**

MAILING ADDRESS (IF DIFFERENT)

\_\_\_\_\_

FAX / E-MAIL ADDRESS

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

**ZAFAR KARIMI**

STREET ADDRESS (NO P.O. BOX)

\_\_\_\_\_

CITY STATE ZIP CODE AREA CODE/PHONE

**TORRANCE CA 90503.**

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 Oct 13, 2013 By \_\_\_\_\_

Executed on 10-13-2013 By \_\_\_\_\_

Executed on \_\_\_\_\_ By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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COMMITTEE NAME

*Dr KHAN*

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

NAME OF FINANCIAL INSTITUTION <i>TORRANCE COMMUNITY CREDIT UNION</i>	AREA CODE/PHONE <i>310 618 9111 xT34</i>	BANK ACCOUNT NUMBER [REDACTED]
ADDRESS <i>2377 CRENSHAW Blvd suite 150 Torrance</i>	CITY <i>CA</i>	ZIP CODE <i>90501</i>

**4. Type of Committee. Complete the applicable section.**

**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
<i>RAHMAT H. KHAN</i>	<i>TORRANCE COUNCIL MEMBER</i>	<i>2014</i>	<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"/>

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COMMITTEE NAME

*Dr KHAN*

**4. Type of Committee** (Continued)

**General Purpose Committee**

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

**CITY Committee**    **COUNTY Committee**    **STATE Committee**

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

*With this committee, we distribute different members of the committee to different local leaders for discussions*

**Sponsored Committee**

List additional sponsors on an attachment.

NAME OF SPONSOR

*(SAC) FONTHILL CARE GARDENS INC*

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

*KHAN CARE GARDENS INC*

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

*14103 FONTHILL Ave   Hawthorne   CA   90250*

**Small Contributor Committee**

\_\_\_\_\_  
Date qualified

**5. Termination Requirements**

- This committee has ceased to receive contributions and make expenditures;
  - This committee does not anticipate receiving contributions or making expenditures in the future;
  - This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
  - This committee has no surplus funds; and
  - This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
- Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.