Statement of Organization Recipient Committee

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Type or print in ink

STATEMENT OF ORGANIZATION

CALIFORNIA FORM 410

For Official Use Only

Date Stamp

RECEIVED AND FILED in the office of the Secretary of State of the State of California JUN 25 2009 DEBRA BOWEN Secretary of State

2009 OCT -1 PM 1:51 CLERK'S OFFICE

RECEIVED BY LOS ANGELES COUNTY 2009 JUL -7 AM 9:21 CAMPAIGN FINANCE DISCLOSURE

Statement Type ☒ **Initial** Not yet qualified ☒ or ☐ **Amendment** List I.D. number: # ☐ **Termination – See Part 5** List I.D. number: #

Date qualified as committee ___/___/___

Date qualified as committee (If applicable) ___/___/___

Date of Termination ___/___/___

1. Committee Information

NAME OF COMMITTEE
Cliff Numark for Council 2010

STREET ADDRESS (NO P.O. BOX)
20721 Ladeene Ave.

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Torrance	CA	90503	818-260-0669

MAILING ADDRESS (IF DIFFERENT)
1212 S. Victory Blvd., Burbank, CA 91502

OPTIONAL: FAX / E-MAIL ADDRESS
877-260-0657

COUNTY OF DOMICILE	COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE
Los Angeles	

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Kinde Durkee

STREET ADDRESS
1212 S. Victory Blvd.

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Burbank	CA	91502	818-260-0669

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE
ADDITIONAL ADDRESS:

MAILING ADDRESS
4733 Torrance Blvd., #547

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Torrance	CA	90503	

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 6/7/09 (DATE) By Kinde Durkee [redacted] URER

Executed on 06/7 09 (DATE) By Cliff Numark [redacted] MEASURE PROPONENT

Executed on ___ (DATE) By ___ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on ___ (DATE) By ___ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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INSTRUCTIONS ON REVERSE

COMMITTEE NAME: Cliff Numark for Council 2010

I.D. NUMBER:

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 "non-partisan."
- 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
Cliff Numark	Torrance City Council	2010	☒ Non-Partisan
			☐ Non-Partisan

- List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER
First California Bank	310-282-6733	[redacted]

ADDRESS	CITY	STATE	ZIP CODE
1880 Century Park East	Los Angeles	CA	90067

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	CHECK ONE: OPPOSE
		☐	☐
		☐	☐