

19

Statement of Organization Recipient Committee

Type or print in ink

Torrance
1352351

STATEMENT OF ORGANIZATION

Statement Type

Initial

Not yet qualified or

9, 18, 12
Date qualified as committee

Amendment

List I.D. number:

Date qualified as committee (if applicable)

RECEIVED
Termination - See Part 5

2010 FEB 25 AM 10:49

CITY OF TORRANCE
CITY CLERK'S OFFICE
Date of Termination

Date Stamp

RECEIVED AND FILED in the office of the Secretary of State of California

OCT 01 2012 2012 OCT 11 PM 1:36

DEBRA BOWEN Secretary of State

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ENCLOSURE SECTION

1. Committee Information

NAME OF COMMITTEE

RAY UCHIMA FOR TORRANCE CITY COUNCIL

STREET ADDRESS (NO P.O. BOX)

CITY

TORRANCE

STATE

CA

ZIP CODE

90503

AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE

LOS ANGELES

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

RAY UCHIMA

STREET ADDRESS (NO P.O. BOX)

CITY

TORRANCE, CA.

STATE

90503

ZIP CODE

AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY

RAY UCHIMA

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

TORRANCE, CA 90503

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 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 9-26-12
DATE

By _____

Executed on 9-26-12
DATE

By _____

Executed on _____
DATE

By _____

Executed on _____
DATE

By _____

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPONENT

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPONENT

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**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Page 2

I.D. NUMBER

RAY UCHIMA FOR TORRANCE COUNCIL 2014

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
RAY UCHIMA	TORRANCE CITY COUNCIL	2014	<input checked="" type="checkbox"/> Non-Partisan
			<input type="checkbox"/> 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	
WESTERN FCU	310-533-2619	[REDACTED]	
ADDRESS	CITY	STATE	ZIP CODE
20305 ANZA AVE	TORRANCE	CA	90503

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