

69

1366317 Torrance

Statement of Organization Recipient Committee

Statement Type

Initial

Amendment

Termination - See Part 5

Not yet qualified or

List I.D. number:

List I.D. number:

04 / 21 / 2014

Date qualified as committee

Date qualified as committee (if applicable)

Date of Termination

Date Stamp FILED In the office of the Secretary of State of the State of California APR 24 2014	CALIFORNIA FORM 410 For Official Use Only 2014 MAY -5 PM 3:29 CALIFORNIA SECRETARY OF STATE DISPATCH UNIT
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1. Committee Information

NAME OF COMMITTEE

Charlotte Svolos for City Council 2014

STREET ADDRESS (NO P.O. BOX)

[Redacted]

CITY STATE ZIP CODE AREA CODE/PHONE

Torrance CA 90504 [Redacted]

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS

[Redacted]

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE

Los Angeles Los Angeles

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Charlotte Svolos

STREET ADDRESS (NO P.O. BOX)

[Redacted]

CITY STATE ZIP CODE AREA CODE/PHONE

Torrance CA 90504 [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.

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 04/21/2014

DATE

By

[Redacted Signature]

Executed on 04/21/2014

DATE

By

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

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

Charlotte Svolos for City Council

I.D. NUMBER

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

NAME OF FINANCIAL INSTITUTION Wells Fargo	AREA CODE/PHONE [REDACTED]	BANK ACCOUNT NUMBER [REDACTED]	
ADDRESS 21323 Hawthorne Blvd.	CITY Torrance	STATE CA	ZIP CODE 90504

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
Charlotte Svolos	Councilmember	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"/>