

Statement of Organization Recipient Committee

Statement Type Initial Amendment Termination - See Part 5
 Not yet qualified or

_____/_____/_____
 Date qualified as committee

List I.D. number: # 2017 MAY 15 AM 9:40
 Date qualified as committee (if applicable)

List I.D. number: # 1383301
 Date of termination 07/18/16

Date Stamp
CALIFORNIA FORM 410
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RECEIVED AND FILED
 in the office of the Secretary of State of the State of California
JUL 26 2016

1. Committee Information

NAME OF COMMITTEE
DR ENA FOR CITY COUNCIL 2016

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
TORRANCE CA 90503

MAILING ADDRESS (IF DIFFERENT)
TORRANCE, CA 90503

FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
LOS ANGELES CITY

2. Treasurer and Other Principal Officers

NAME OF TREASURER
GENGHMUN ENG

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
TORRANCE CA 90503

NAME OF ASSISTANT TREASURER, IF ANY
SOPHIE DREIFUSS

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
TORRANCE CA 90503

NAME OF PRINCIPAL OFFICER(S)
GENGHMUN ENG

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
TORRANCE CA 90503

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 18 July 2016 By _____
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 18 July 2016 By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT