

**Statement of Organization  
Recipient Committee**

Statement Type

Initial  
Not yet qualified  or

Amendment

List I.D. number:  
# 1379204  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date qualified as committee  
(If applicable)

Termination - See Part 5

List I.D. number:  
# 1379204  
08 / 01 / 2016  
Date of Termination

Date Stamp <b>TORRANCE</b> 2017 FEB 23 AM 10:17 CITY CLERK'S OFFICE	<b>CALIFORNIA FORM 410</b> For Official Use Only
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**1. Committee Information**

NAME OF COMMITTEE  
**Asam Sheikh for Torrance City Council 2016**

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** \_\_\_\_\_

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER  
**Asam Sheikh**

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)  
**Asam Sheikh**

STREET ADDRESS (NO P.O. BOX)  
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE  
**Torrance CA 90504 [REDACTED]**

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	<u>02/20/2017</u>	By	[REDACTED]
	DATE	SIGNATURE OF CONTROLLING OFFICER	ASSISTANT TREASURER
Executed on	<u>02/20/2017</u>	By	[REDACTED]
	DATE	SIGNATURE OF CONTROLLING OFFICER	MEASURE PROponent
Executed on	<u>02/20/2017</u>	By	[REDACTED]
	DATE	SIGNATURE OF CONTROLLING OFFICER	MEASURE PROponent
Executed on	<u>02/20/2017</u>	By	[REDACTED]
	DATE	SIGNATURE OF CONTROLLING OFFICER	MEASURE PROponent

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COMMITTEE NAME

Asam Sheikh for Torrance City Council 2016

I.D. NUMBER

1379204

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

NAME OF FINANCIAL INSTITUTION Honda Federal Credit Union	AREA CODE/PHONE (800)634-6632	BANK ACCOUNT NUMBER [REDACTED]
ADDRESS 1919 Torrance Blvd	CITY Torrance	STATE ZIP CODE CA 90501

**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 PROONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
Asam Sheikh	City Council, City of Torrance	2016	<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

Asam Sheikh for Torrance City Council 2016

I.D. NUMBER

1379204

**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

**Sponsored Committee**

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

**Small Contributor Committee**

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

**5. Termination Requirements**

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- / • 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.