

Statement of Organization
 Recipient Committee

Torrance

Statement Type

Initial
 Not yet qualified or
 Date qualification threshold met

Amendment
 Date qualification threshold met _____/_____/_____

Termination - See Part 5
 Date of termination 9 / 18 / 2018

Date Stamp
 TORRANCE LOS ANGELES
 2019 SEP 18 PM 2:35
 CITY CLERK'S OFFICE
 CALIFORNIA FORM 410
 JUN 11 PM 12:10
 CAMPAIGN FINANCE

1. Committee Information I.D. Number 1376409 **2. Treasurer and Other Principal Officers**

NAME OF COMMITTEE
 Mike Griffiths for Torrance City Council 2016

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
 Torrance CA 90505 _____

FULL MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
 Los Angeles Torrance, CA

NAME OF TREASURER
 Michael Griffiths

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
 Torrance CA 90505 _____

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 information provided is true and correct.

Executed on 9/18/2018 5/29/19 _____
 DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 9/18/2018 5/29/19 _____
 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

TORRANCE
 2019 DEC 9 AM 9:56
 CITY CLERK'S OFFICE