

**Statement of Organization  
Recipient Committee**

Statement Type  **Initial**  **Amendment**  **Termination – See Part 5**  
 Not yet qualified  or List I.D. number: # 1379164  
 \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ # \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ 01/31/2016  
 Date qualified as committee Date qualified as committee Date of Termination  
(If applicable)

Date Stamp	<b>CALIFORNIA FORM 410</b>
RECEIVED 2016 FEB -1 PM 2:33 CITY OF TORRANCE CITY CLERK'S OFFICE	
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**1. Committee Information**

NAME OF COMMITTEE  
**Committee to Reform Torrance 2016**

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

CITY STATE ZIP CODE AREA CODE/PHONE  
**Torrance CA 90501 [REDACTED]**

MAILING ADDRESS (IF DIFFERENT)  
\_\_\_\_\_

FAX / E-MAIL ADDRESS  
[REDACTED]

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE  
**Los Angeles County City of Torrance**

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER  
**Claude Todoroff, CPA**

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

CITY STATE ZIP CODE AREA CODE/PHONE  
**Torrance CA 90503 [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 01/31/2016 By \_\_\_\_\_  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

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

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