| Statement of C<br>Recipient Con | _   |   |   |   | _                                 | Date Stamp             | CA                | LIFORNIA         | 410          |
|---------------------------------|---|---|---|---|-----------------------------------|------------------------|-------------------|------------------|--------------|
| Statement Type                  | ☐ Initial  Not yet qualified ☐ or                                     | Amendment List I.D. number:                     | ✓ Termination – See Part 5 List I.D. number:  |   |                                   | ORRANCE<br>B 14 PM 12: | 16                | For Official Us  | se Only      |
|                                 | /   | #// Date qualified as committee ( f applicable) | #/  |   | O YTI                             | CLERK'S OFF            | FICE              |                  |              |
| 1. Committee In                 | nformation  |   |   |   | Other P                           | rincipal Office        | rs                | Asy, Dist        |              |
|                                 | or City Council 2016  |   | Asa   | M Sheikh<br>M Sheikh<br>Address (NO P.O. BO)                        | K)                                |                        |                   |                  |              |
| STREET ADDRESS (NO P.O          | ). BOX)   |   | CITY  |   |                                   | STATE                  | ZIP COI           | DE AREA          | CODE/PHONE   |
| Torrance                        | STATE<br>CA 90  | ZIP CODE AREA CODE/                             |   | F ASSISTANT TREASU  |                                   |                        |                   | #)               |              |
| MAILING ADDRESS (IF DI          | FFERENT)  |   | STREET  | ADDRESS (NO P.O. BOX  | K)                                |                        |                   |                  |              |
| FAX / E-MAIL ADDRESS            |   |   | CITY  |   |                                   | STATE                  | ZIP COI           | DE AREA          | CODE/PHONE   |
| COUNTY OF DOMICILE              | JURISDICTION WHE  | RE COMMITTEE IS ACTIVE                          | Asa   | f principal officer<br>m Sheikh                                     |                                   |                        |                   |                  |              |
|                                 |   |   |   | ADDRESS (NO P.O. BO)  | ()                                |                        |                   |                  |              |
|                                 | information on appropriatel   | labeled continuation shee                       | ts. Tor   | rance   |                                   | STATI                  | 21P CO<br>A 90504 |                  | A CODE/PHONE |
| penalty of perju                | easonable diligence in prepary under the laws of the State    14   17 | e of California that the fore SIGNATURE         | he best of my knowled<br>going is true and corre<br>signature of treasure<br>of controlling officeholder<br>of controlling officeholder | ect.  R OR ASSISTANT TREA  , CANDIDATE, OR STA  , CANDIDATE, OR STA | SURER<br>TE MEASURE<br>TE MEASURE | PROPONENT<br>PROPONENT | true and co       | mplete. I certif | fy under     |

| Recipient Committee  NOTIFICATIONS ON REVERSE  Page 2  ASSAM Sheikh for City Council 2016  • All committees must list the financial institution where the campaign bank account is located.  **NAME OF PRANCAL INSTITUTION   AND COOL/PRIONE   BANK ACCOUNT NUMBER   HOnda Federal Credit Union   (AND COOL/PRIONE   STATE   200 COOK   1919 Torrance Blvd   Torrance   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 PROPONENT**  **ELECTIVE OFFICE SOUGHT ON HELD   VEAR OF ELECTION   PARTY    **ASAM Sheikh   City Council, City of Torrance   2016   Nonpartisan    **Primarily Formed Committee**  **CANDIDATE(S) OFFICE SOUGHT ON HELD   Nonpartisan   ON HELD   Nonpartisan    **CANDIDATE(S) OFFICE SOUGHT ON HELD   NOnpartisan    **CANDIDATE(S) OFFICE SOUGHT ON HELD ON MEASURES) JURISDICTION   ON ON COUNTY    **CANDIDATE(S) OFFICE SOUGHT ON HELD ON MEASURES) JURISDICTION   ON ON COUNTY    **CANDIDATE(S) OFFICE SOUGHT ON HELD ON MEASURES) JURISDICTION   ON ON COUNTY    **CANDIDATE(S) OFFICE SOUGHT ON HELD ON MEASURES) JURISDICTION    **CANDIDATE(S) OFFICE SOUGHT ON HELD ON M | Statement of Organization  |                |                           |                     |            | ĺ                    | CALIEO          | DNIA          |         |      |
|--|--|----------------|---------------------------|---------------------|------------|----------------------|-----------------|---------------|---------|------|
| Asam Sheikh for City Council 2016  • All committees must list the financial institution where the campaign bank account is located.  **NAME OF FINANCIAL INSTITUTION**  Honda Federal Credit Uniion  (800)634-6632  OTY STATE ZIP CODE  1919 Torrance Blvd  Torrance 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 PROPONENT**  (INCLUDE DISTRICT NUMBER IF APPLICABLE)  **Primarily Formed Committee**  Primarily Formed Committee**  Primarily Formed Committee**  Primarily Formed Committee**  CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)  **CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)  **CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)  **CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)  **CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)  **CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)  **CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)  **CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)  **CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)  **CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)  **CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)  **CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)  **CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT | Recipient Committee  |                | FORM 410                  |                     |            |                      |                 |               |         |      |
| Asam Sheikh for City Council 2016  • All committees must list the financial institution where the campaign bank account is located.  **MANE OF FINANCIAL MISTITUTION**  Honda Federal Credit Unition  (800)634-6632  317   |  |                |                           |                     |            |                      | Page 2          |               |         |      |
| AREA CODE/PHONE (800)634-6632  TOTRANCE  OTHY  STATE  ZIP CODE  1919 TORRICE BIVE  TOTRANCE  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.  **ELECTIVE OFFICE SOUGHT OR HELD **NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT**  City Council, City of Torrance  **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 MELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)  CHECK ONE  **CANDIDATE(S) MAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)  **CANDIDATE(S) OFFICE SOUGHT OR NELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)  **CANDIDATE(S) OFFICE SOUGHT OR NELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)  **CANDIDATE(S) OFFICE SOUGHT OR NELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)  **CANDIDATE(S) OFFICE SOUGHT OR NELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)  **CANDIDATE(S) OFFICE SOUGHT OR NELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)  **CANDIDATE(S) OFFICE SOUGHT OR NELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)  **CANDIDATE(S) OFFICE SOUGHT OR NELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)   |  |                |                           |                     |            |                      | I.D. NUMBER     |               |         |      |
| Honda Federal Credit Uniion  (800)634-6632    OTTY   STATE   ZIP CODE  | All committees must list the financial institution where the campaign be   | ank accour     | nt is located.            |                     |            |                      |                 |               |         |      |
| ADDRESS  OTY  STATE  ZIPCODE  1919 Torrance Blvd  Torrance  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 PROPONENT  (INCLUDE DISTRICT NUMBER IF APPLICABLE)  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)  CHICK ONE  CHIC | NAME OF FINANCIAL INSTITUTION  | AREA C         | ODE/PHONE                 | BANK ACCOU          | JNT NUMBER |                      |                 |               |         |      |
| 1919 Torrance Blvd Torrance 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 PROPONENT**  City Council, City of Torrance*  **Primarily Formed Committee**  Primarily formed to support or oppose specific candidates or measures in a single election. List below:  **CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)  **CANDIDATE(S) NAME OR MEASURE(S) JURISDICTION (INCLUDE BALLOT NO., CITY OR COUNTY, AS APPLICABLE)  **CHACK ONE**  **CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)  **CHACK ONE**  **CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)  **CHACK ONE**  **CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)  **CHACK ONE**  **CHACK ONE**  **CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)  **CHACK ONE**  **C | Honda Federal Credit Uniion  | (800           | 0)634-6632                |                     |            |                      |                 |               |         |      |
| 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  City Council, City of Torrance  Primarily Formed Committee  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)  CHECK ONE   | ADDRESS  | CITY           |                           | STATE               |            | ZIP CODE             |                 |               |         | _    |
| 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  City Council, City of Torrance  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)  CHECCONE  CHECONE  CHECCONE  CHECCO  | 1919 Torrance Blvd   | Tor            | rance                     | CA                  | 905        | 501                  |                 |               |         |      |
| 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  City Council, City of Torrance  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  CHECK ONE  | 4. Type of Committee Complete the applicable sections.   | NAME OF REPORT | NEW YORK                  | C. T. P.C. III      | 18 46      | THE PLAN             | 39/ 37          | (mare)        | 537     | 1001 |
| 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  City Council, City of Torrance  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)  CHECK ONE  CHECK ONE   | Controlled Committee   |                |                           |                     |            |                      |                 |               |         |      |
| 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   YEAR OF ELECTION   PARTY   | <ul> <li>List the name of each controlling officeholder, candidate, or state<br/>district number, if any, and the year of the election.</li> </ul> | measure        | proponent. If candidate   | or officeholder o   | controlle  | d, also list the ele | ective office s | ought or      | held, a | ind  |
| Asam Sheikh  City Council, City of Torrance  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)  CHECK ONE  CHECK ONE  | <ul> <li>List the political party with which each officeholder or candidate is</li> </ul>  | s affiliated   | d or check "nonpartisan." |                     |            |                      |                 |               |         |      |
| Asam Sheikh  City Council, City of Torrance  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)  CHECK ONE  CHECK ONE  | <ul> <li>If this committee acts jointly with another controlled committee, I</li> </ul>  | list the na    | me and identification nu  | mber of the othe    | er contro  | lled committee.      |                 |               |         |      |
| Asam Sheikh  City Council, City of Torrance  2016  Nonpartisan  Primarily Formed Committee  Primarily formed to support or oppose specific candidates or measures in a single election. List below:  CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)  CHECK ONE  | NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT   |                |                           |                     |            | YEAR OF ELECTION     | N               | PARTY         |         |      |
| 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   | Asam Sheikh  | City Co        | ouncil, City of Torra     | ince                |            | 2016                 | ☑ Non           | ✓ Nonpartisan |         |      |
| 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  |  |                |                           |                     |            |                      | ☐ Non           | partisan      |         |      |
| (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)  CHECK ONE   | Primarily Formed Committee Primarily formed to support or op   | pose spec      | cific candidates or measu | res in a single ele | ection. L  | ist below:           |                 |               |         |      |
|  | CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETT   |                |                           |                     |            |                      | CHE             | CK ONE        |         |      |
|  |  |                |                           |                     |            |                      |                 |               |         | OSE  |

## Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA 410

Page 3

Asam Sheikh for City Council 2016

| 4. Type of Committee (  | Continued)               | LYSTA N. C. 16 p. 1 |  |       |          |  |   |  |
|---|--------------------------|---------------------|--|-------|----------|--|---|--|
| 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 |                          |                     |  |       |          |  |   |  |
| ROVIDE BRIEF DESCRIPTION OF ACTIVITY  |                          |                     |  |       |          |  |   |  |
|   |                          |                     |  |       |          |  |   |  |
| Sponsored Committee List a  | additional sponsors on a | an attachment.      |  |       |          |  |   |  |
| NAME OF SPONSOR   |                          |                     | INDUSTRY GROUP OR AFFILIATION OF SPONSOR |       |          |  |   |  |
| STREET ADDRESS NO. AND STREE  | T                        | CITY                |  | STATE | ZIP CODE |  |   |  |
|   |                          |                     |  |       |          |  |   |  |
| Small Contributor Committee   | /                        |                     |  |       |          |  | * |  |

## 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.