

**Statement of Organization
Recipient Committee**

Statement Type

Initial

Not yet qualified or

____/____/____
Date qualified as committee

Amendment

List I.D. number:

____/____/____
Date qualified as committee
(If applicable)

Termination – See Part 5

List I.D. number:

1358866

07 / 30 / 2014

Date of Termination

Date Stamp RECEIVED 2014 JUL 30 PM 3: 52 CITY OF TORRANCE CITY CLERK'S OFFICE	CALIFORNIA FORM 410 For Official Use Only COPY
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1. Committee Information

NAME OF COMMITTEE

Mike Griffiths for Torrance City Council 2014

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

Torrance CA 90505 _____

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE

Los Angeles

JURISDICTION WHERE COMMITTEE IS ACTIVE

Torrance, CA

2. Treasurer and Other Principal Officers

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 is correct.

Executed on 7/30/14 By _____

DATE

TREASURER OR ASSISTANT TREASURER

Executed on 7/30/14 By _____

DATE

OWNER, 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