Statement of Organization		RECEIVED		O.F. O.S. W. T. T.	Date Stamp		CALIFORNIA 110	
Recipient Committee			i	RECEIVED BY LOS ANGELES GOL	RECEIVED	FO	RM 410	
Statement Type	☐ Initial	2011 Shriengroent 10: 23	Terminat	ion - See Part 5	BLT BLUILLOO DU O		or Official Use Only	
	Not yet qualified or	List I.D. number:	List I.D. numbe	2014 AUG TI PM 2	123 UL 30 PM 3:	52		
		THY OF TORRANCE	_# 135886	0 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2	CITY OF TORRANC	£	march VA #	
	, ,	I OLEMN S OFFICE	07 ,30	LAMONAN FINA	TY CLERK'S OFFI	OF C		
	Date qualified as committee	ee Date qualified as committee	Date of Te	rmination	TOTE			
4.6. 14. 1		(If applicable)		Transurar and Oth	or Dringinal Officers	FILE)	
1. Committee Information NAME OF COMMITTEE				. Treasurer and Oth	er Principal Officers	office of the Sec	retary of State	
Mike Griffiths for Torrance City Council 2014				Michael Griffiths		of the State of C	ашотна	
STREET ADDRESS (NO P.O. BOX)				STREET ADDRESS (NO P.O. BOX)		AUG 0 4	2014	
CITY	STATE	ZIP CODE AREA CODE/PI	HONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE	
Torrance		90505		Torrance	CA	90505		
MAILING ADDRESS (IF DI	FFERENT)			NAME OF ASSISTANT TREASURER, II	FAINT			
FAX / E-MAIL ADDRESS				STREET ADDRESS (NO P.O. BOX)				
,								
COUNTY OF DOMICILE	JURISDICTION V	WHERE COMMITTEE IS ACTIVE		CITY	STATE	ZIP CODE	AREA CODE/PHONE	
Los Angeles	Torrand	ce, CA						
				NAME OF PRINCIPAL OFFICER(S)				
				STREET ADDRESS (NO P.O. BOX)				
Attach additional information on appropriately labeled continuation sheets.				STREET MODRESS (NO P.O. BOX)				
				CITY	STATE	ZIP CODE	AREA CODE/PHONE	
3. Verification						n'i a real fev		
I have used all re	easonable diligence in pre	paring this statement and to th	ne best of my l	knowledge the informati	on contained herein is tr	ue and comple	te. I certify under	
	ry under the laws of the S		reinal tolda	correct.				
Executed on	7/30/14 By			0				
	7/20/14			ASURER OR ASSISTANT TREASURE	R			
Executed on	DATE BY			HOLDER, CANDIDATE, OR STATE ME	EASURE PROPONENT			
Executed on	By	. W. W.						
EXCERTED OIL	DATE	SIGNATURE (OF CONTROLLING OFF	ICEHOLDER, CANDIDATE, OR STATE ME	EASURE PROPONENT			
Executed on	DATE By	SIGNATURE	OF CONTROLLING OF	FICEHOLDER, CANDIDATE, OR STATE M	EASURE PROPONENT			
	D111 E	SIGNATORE	_,					

FPPC Form 410 (Dec/2012)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov