

**Statement of Organization
Recipient Committee**

Statement Type Initial
Not yet qualified or

_____/_____/_____
Date qualified as committee

2014 SEP 30 AM 10:23
Amendment
List I.D. number:
1358866
CITY OF TORRANCE
CITY CLERK'S OFFICE
_____/_____/_____
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
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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 JURISDICTION WHERE COMMITTEE IS ACTIVE

Los Angeles 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 foregoing is true and correct.

Executed on 7/30/14 By _____ TREASURER OR ASSISTANT TREASURER

Executed on 7/30/14 By _____ HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT