

19

Torrance
1361832

Rejected: LR / 10-21-13
Returned: CR / 10-21-13

Statement of Organization Recipient Committee

Statement Type
 Initial *rk*
Not yet qualified *rk*

Date qualified as committee

Amendment
List I.D. number: 2013 NOV 21 AM 11:42
 Termination See Part 5
List I.D. number: _____

Date qualified as committee
(if applicable)

RECEIVED BY
LOS ANGELES COUNTY

CAMPAIGN FINANCE
DISCLOSURE SECTION

Date Stamp

CALIFORNIA FORM 410

RECEIVED AND FILED
in the office of the Secretary of State
of the State of California

~~OCT 18 2013~~

NOV 07 2013

DEBRA BOWEN
Secretary of State

1. Committee Information 2. Treasurer and Other Principal Officers

NAME OF COMMITTEE
RAHMAT H. KHAN FOR council member

STREET ADDRESS (NO P.O. BOX)

Torrance *2014*

CITY STATE ZIP CODE AREA CODE/PHONE
Torrance **CA** **90503** _____

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS

NAME OF TREASURER
ZAFAR KARIMI

STREET ADDRESS (NO P.O. BOX)

Torrance *2014*

CITY STATE ZIP CODE AREA CODE/PHONE
TORRANCE **CA** **90503** _____

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

CITY STATE ZIP CODE AREA CODE/PHONE

CITY STATE ZIP CODE AREA CODE/PHONE

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
LOS ANGELES **CITY OF TORRANCE**

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 provided is true and complete.

Executed on Oct 13, 2013 By _____
DATE

Executed on 10-13-2013 By _____
DATE

Executed on _____ By _____
DATE

Executed on _____ By _____
DATE

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 2

I.D. NUMBER

COMMITTEE NAME

Dr KHAN

- All committees must list the financial institution where the campaign bank account is located.

| | | |
|---|---|-----------------------------------|
| NAME OF FINANCIAL INSTITUTION <i>TORRANCE community credit union</i> | AREA CODE/PHONE <i>310 618 9111 xT34</i> | BANK ACCOUNT NUMBER [REDACTED] |
| ADDRESS <i>2377 CRENSHAW Blvd suite 150</i> | CITY <i>Torrance</i> | STATE ZIP CODE <i>CA 90501</i> |

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 OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE) | YEAR OF ELECTION | PARTY |
|--|---|------------------|---|
| <i>RAHMAT H. KHAN</i> | <i>TORRANCE COUNCIL MEMBER</i> | <i>2014</i> | <input checked="" type="checkbox"/> Nonpartisan |
| | | | <input type="checkbox"/> Nonpartisan |

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 | |
|---|--|--------------------------|--------------------------|
| | | SUPPORT | OPPOSE |
| | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> |