

Statement of Organization
Recipient Committee

COPY

STATEMENT OF ORGANIZATION

Statement Type Initial
Not yet qualified or

Amendment
List I.D. number:
890376

Termination- See Part 5
List I.D. number:

Date qualified as committee

Date qualified as committee

Date of Termination

(If applicable)

RECEIVED
Date Stamp
2015 JAN 14 AM 10:21
CITY OF TORRANCE
CLERK'S OFFICE

CALIFORNIA
FORM 410
For Official Use Only

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1 Committee Information

NAME OF COMMITTEE

Torrance Firefighters PAC

STREET ADDRESS (NO P.O. BOX)

1701 Crenshaw Blvd.

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Torrance	CA	90501	[REDACTED]

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX/E-MAIL ADDRESS

COUNTY OF DOMICILE	COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE
Los Angeles	

Los Angeles

Attach additional information on appropriately labeled continuation sheets.

2 Treasurer and Other Principal Officers

NAME OF TREASURER

Ryan Mendivil

STREET ADDRESS (NO P.O. BOX)

1701 Crenshaw Blvd.

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Torrance	CA	90501	[REDACTED]

NAME OF ASSISTANT TREASURER, IF ANY

Michael G. Cotter

STREET ADDRESS (NO P.O. BOX)

1701 Crenshaw Blvd.

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Torrance	CA	90501	[REDACTED]

NAME OF PRINCIPAL OFFICER(S)

Ryan M. Mendivil

STREET ADDRESS (NO P.O. BOX)

1701 Crenshaw Blvd.

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Torrance	CA	90501	[REDACTED]

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 01/08/2015

By [REDACTED] TREASURER

Executed on 01/08/2015

By [REDACTED] 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

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COMMITTEE NAME
 Torrance Firefighters PAC

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

NAME OF FINANCIAL INSTITUTION Torrance Federal Credit Union	AREA CODE/PHONE (310) 618-9111	BANK ACCOUNT NUMBER [REDACTED]	
ADDRESS 2377 Crenshaw Blvd., Ste. 150	CITY Torrance	STATE CA	ZIP CODE 90501

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling office holder, 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 "non-partisan."
- 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
			<input type="checkbox"/> Non-Partisan

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"/>

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COMMITTEE NAME
 Torrance Firefighters PAC

4. Type of Committee (Continued)

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

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

To Support and Local Candidates and Ballot Measure Issues

Sponsored Committee List additional sponsors on an attachment.

NAME OF SPONSOR

Torrance Firefighters Association

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

Public Safety

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

1701 Crenshaw Blvd.

Torrance

CA

90501

Small Contributor Committee

Date qualified

5. Termination Requirements. By signing the verification, the treasurer, assistant treasurer, and/or candidate, officeholder or proponent certifies 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.

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COMMITTEE NAME
Torrance Firefighters PAC

I.D. NUMBER
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ADDITIONAL PRINCIPAL OFFICER(S)

NAME OF PRINCIPAL OFFICER(S)

Michael G. Cotter

STREET ADDRESS (NO P.O. BOX)

1701 Crenshaw Blvd.

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Torrance	CA	90501	

NAME OF PRINCIPAL OFFICER(S)

Ryan W. Rasnick

STREET ADDRESS (NO P.O. BOX)

1701 Crenshaw Blvd.

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Torrance	CA	90501	