

Torrance

MAY 10 2019

Date Stamp

TORRANCE

2018 SEP 18 PM 2:35

CLERK'S OFFICE

CALIFORNIA FORM 410

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LOS ANGELES COUNTY
2019 MAY 20 PM 2:35
CAMPAIGN FINANCE

Statement of Organization
Recipient Committee

Statement Type

Initial

Not yet qualified
or

Date qualification threshold met

Amendment

Date qualification threshold met

Termination - See Part 5

Date of termination

9 / 18 / 2018

1. Committee Information

I.D. Number
(if applicable)

1376409

NAME OF COMMITTEE

Mike Griffiths for Torrance City Council 2016

STREET ADDRESS (NO P.O. BOX)

CITY

Torrance

STATE

CA

ZIP CODE

90505

AREA CODE/PHONE

FULL MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)

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

Torrance

STATE

CA

ZIP CODE

90505

AREA CODE/PHONE

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 9/18/2018 By [Signature] NATURAL OR ASSISTANT TREASURER

Executed on 9/18/2018 By [Signature] SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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

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

TORRANCE
2018 OCT -9 AM 9:56
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