

Torrance

Statement of Organization Recipient Committee

Statement Type

Initial

Amendment

Termination - See Part 1 of the Statement of the Secretary of State of the State of California

Not yet qualified or

Date qualified as committee

3, 23, 18
Date qualified as committee

____/____/____
Date of termination

Date Stamp

RECEIVED AND FILED
Office of the Secretary of State
of the State of California

JAN 16 2019

CALIFORNIA FORM 410

For Official Use Only

2019 JAN 31 AM 9:33
CAMPAIGN FINANCE

1. Committee Information

I.D. Number
(if applicable)

1404077

2. Treasurer and Other Principal Officers

NAME OF COMMITTEE

Jimmy Gow 4 Torrance City Council 2018

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
Long Beach CA 90802

MAILING ADDRESS (IF DIFFERENT)

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

COUNTY OF DOMICILE
Los Angeles

JURISDICTION WHERE COMMITTEE IS ACTIVE
City of Torrance

NAME OF TREASURER

Jimmy Gow

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
Long Beach CA 90802

NAME OF ASSISTANT TREASURER, IF ANY

Gary Crummitt

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
Long Beach CA 90802

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 information provided is true and correct.

Executed on 3/30/18 By [Signature]

Executed on 8/30/18 By [Signature]

Executed on _____ By _____

Executed on _____ By _____

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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TORRANCE
2019 OCT -9 AM 9:56
CITY CLERK'S OFFICE

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Jimmy Gow 4 Torrance City Council 2018

I.D. NUMBER

1404077

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

| | | | | |
|--|----------------------------------|-----------------------------------|-------------------|--|
| NAME OF FINANCIAL INSTITUTION California Bank & Trust | AREA CODE/PHONE (213)228-1700 | BANK ACCOUNT NUMBER [REDACTED] | | |
| ADDRESS 550 S. Hope St., #100 | CITY Los Angeles | STATE CA | ZIP CODE 90071 | |

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." Stating "No party preference" is acceptable.
- 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 | CHECK ONE | | PARTY (list political party below) |
|--|---|------------------|-------------|----------|---------------------------------------|
| | | | Nonpartisan | Partisan | |
| Jimmy Gow | City Council Member: City of Torrance | 2018 | X | | |
| | | | Nonpartisan | Partisan | (list political party below) |

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) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME. | CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE) | CHECK ONE | |
|---|--|-----------|--------|
| | | SUPPORT | OPPOSE |
| | | | |
| | | SUPPORT | OPPOSE |

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

CALIFORNIA
FORM **410**

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COMMITTEE NAME

Jimmy Gow 4 Torrance City Council 2018

I.D. NUMBER

1404077

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 Political Party/Central Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Small Contributor Committee

_____/_____/_____
Date qualified

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify 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.