

City Torrance

Statement of Organization Recipient Committee

Statement Type

Initial, Not yet qualified or, Date qualified as committee

Amendment

Termination - See Part 5

06 25 2018

Date qualified as committee

Date of termination

RECEIVED AND FILED stamp, Date Stamp, CALIFORNIA FORM 410, 2018 JUL 17 PM 4:58, CAMPAIGN FINANCE

1. Committee Information

I.D. Number (if applicable) 1398565

2. Treasurer and Other Principal Officers

NAME OF COMMITTEE

Re-Elect Kurt Weideman to City Council 2018

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE Torrance CA 90504

MAILING ADDRESS (IF DIFFERENT)

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

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE Los Angeles

NAME OF TREASURER

Helen A. Nowatka

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE Torrance CA 90501

NAME OF ASSISTANT TREASURER, IF ANY

Kurt Weideman

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE Torrance CA 90504

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 06/25/2018 By [Signature] Treasurer
Executed on 06/25/2019 By [Signature] SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on [Date] By [Signature] SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on [Date] By [Signature] SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT