

# Recipient Committee Campaign Statement Cover Page

Date Stamp <b>TORRANCE</b> 2018 JAN 22 PM 12:54 <b>CITY CLERK'S OFFICE</b>	<b>CALIFORNIA FORM 460</b>
	Page <u>1</u> of <u>5</u>
	For Official Use Only

Statement covers period  
from 01/01/2017  
through 12/31/2017

Date of election if applicable:  
(Month, Day, Year) June 5, 2018

SEE INSTRUCTIONS ON REVERSE

**1. Type of Recipient Committee:** All Committees - Complete Parts 1, 2, 3, and 4.

Officeholder, Candidate Controlled Committee  
 State Candidate Election Committee  
 Recall  
*(Also Complete Part 5)*

General Purpose Committee  
 Sponsored  
 Small Contributor Committee  
 Political Party/Central Committee

Primarily Formed Ballot Measure Committee  
 Controlled  
 Sponsored  
*(Also Complete Part 6)*

Primarily Formed Candidate/Officeholder Committee  
*(Also Complete Part 7)*

**2. Type of Statement:**

Preelection Statement  
 Semi-annual Statement  
 Termination Statement  
*(Also file a Form 410 Termination)*  
 Amendment (Explain below)  
Typo on Cover Page, Asst. Treasurer's address was 166 yh, S/B  
166th

Quarterly Statement  
 Special Odd-Year Report

**3. Committee Information**

I.D. NUMBER 1398565

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Re-Elect Kurt Weideman to City Council 2018

STREET ADDRESS (NO P.O. BOX)  
[REDACTED]

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Torrance</u>	<u>CA</u>	<u>90504</u>	<u>[REDACTED]</u>

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Torrance</u>	<u>CA</u>	<u>90504</u>	<u>[REDACTED]</u>

OPTIONAL: FAX / E-MAIL ADDRESS  
[REDACTED]

**Treasurer(s)**

NAME OF TREASURER  
Helen A. Nowatka

MAILING ADDRESS  
[REDACTED]

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

NAME OF ASSISTANT TREASURER, IF ANY  
Kurt Weideman

MAILING ADDRESS  
[REDACTED]

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Torrance</u>	<u>CA</u>	<u>90504</u>	<u>[REDACTED]</u>

OPTIONAL: FAX / E-MAIL ADDRESS  
[REDACTED]

**4. Verification**

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules 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 1/22/2018  
 \_\_\_\_\_  
 Date

By \_\_\_\_\_  
 \_\_\_\_\_  
 Signature of Treasurer or Assistant Treasurer

Executed on \_\_\_\_\_  
 \_\_\_\_\_  
 Date

By \_\_\_\_\_  
 \_\_\_\_\_  
 Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on \_\_\_\_\_  
 \_\_\_\_\_  
 Date

By \_\_\_\_\_  
 \_\_\_\_\_  
 Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on \_\_\_\_\_  
 \_\_\_\_\_  
 Date

By \_\_\_\_\_  
 \_\_\_\_\_  
 Signature of Controlling Officeholder, Candidate, State Measure Proponent