

**Statement of Organization
Recipient Committee**

Statement Type Initial Amendment Termination – See Part 5
 Not yet qualified or List I.D. number: # 1387471
 _____ / _____ / _____ Date qualified as committee (If applicable) _____ / _____ / 2019 Date of Termination

Date Stamp
CALIFORNIA FORM 410
 For Official Use Only
 2019 DEC 10 PM 12:25
 CITY CLERK'S OFFICE

1. Committee Information

NAME OF COMMITTEE
Reelect Torrance Mayor Pat Furey 2018
 STREET ADDRESS (NO P.O. BOX)

 CITY STATE ZIP CODE AREA CODE/PHONE
Torrance Ca 90504 _____
 MAILING ADDRESS (IF DIFFERENT)

 FAX / E-MAIL ADDRESS

 COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
Los Angeles Torrance

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Patrick J. Furey
 STREET ADDRESS (NO P.O. BOX)

 CITY STATE ZIP CODE AREA CODE/PHONE
Torrance Ca 90504 _____
 NAME OF ASSISTANT TREASURER, IF ANY

 STREET ADDRESS (NO P.O. BOX)

 CITY STATE ZIP CODE AREA CODE/PHONE

 NAME OF PRINCIPAL OFFICER(S)
Patrick J. Furey
 STREET ADDRESS (NO P.O. BOX)

 CITY STATE ZIP CODE AREA CODE/PHONE
Torrance Ca 90504 _____

Attach additional information on appropriately labeled continuation sheets.

3. Verification

I have used all reasonable diligence in preparing this statement and 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 contained herein is true and complete. I certify under

Executed on 12/10/2019 By _____
DATE
 Executed on 12/10/2019 By _____
DATE
 Executed on _____ By _____
DATE
 Executed on _____ By _____
DATE

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT