

**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 9/17/2020

Date Stamp
TORRANCE
 2020 SEP 17 PM 2:23
 CITY CLERK'S OFFICE

CALIFORNIA FORM 410

For Official Use Only

1. Committee Information I.D. Number 1396934 **2. Treasurer and Other Principal Officers**

NAME OF COMMITTEE
Ron Riggs for Mayor 2018

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

CITY STATE ZIP CODE AREA CODE/PHONE
Torrance CA 90505 [REDACTED]

FULL MAILING ADDRESS (IF DIFFERENT)
 [REDACTED]

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)
 [REDACTED]

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
Los Angeles Torrance

Attach additional information on appropriately labeled continuation sheets.

NAME OF TREASURER
Ron Riggs

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

CITY STATE ZIP CODE AREA CODE/PHONE
Torrance CA 90505 [REDACTED]

NAME OF ASSISTANT TREASURER, IF ANY
 [REDACTED]

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

CITY STATE ZIP CODE AREA CODE/PHONE
 [REDACTED]

NAME OF PRINCIPAL OFFICER(S)
Ron Riggs

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

CITY STATE ZIP CODE AREA CODE/PHONE
Torrance CA 90505 [REDACTED]

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 9/17/2020 By [REDACTED]
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 9/17/2020 By [REDACTED]
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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

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