

Torrance
CHANGE OF BANK

Statement of Organization
Recipient Committee

Statement Type

<input type="checkbox"/> Initial <input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met _____/_____/_____	<input checked="" type="checkbox"/> Amendment Date qualification threshold met _____/_____/_____ 04 / 11 / 2017	<input type="checkbox"/> Termination - See Part 5 Date of termination _____/_____/_____
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Date Stamp

RECEIVED AND FILED

in the office of the Secretary of State of the State of California

MAY 24 2019

CALIFORNIA RECEIVED BY

LOS ANGELES COUNTY

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2019 JUN -3 PM 4:05

CAMPAIGN FINANCE

1. Committee Information	2. Treasurer and Other Principal Officers
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I.D. Number (if applicable) 1395893

NAME OF COMMITTEE
Tim Goodrich for Torrance City Council 2018

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Long Beach	CA	90802	[REDACTED]

FULL MAILING ADDRESS (IF DIFFERENT)
[REDACTED]

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

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
Los Angeles	

NAME OF TREASURER
David Gould

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Long Beach	CA	90802	[REDACTED]

NAME OF ASSISTANT TREASURER, IF ANY
Ingrid Orellana

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Long Beach	CA	90802	[REDACTED]

NAME OF PRINCIPAL OFFICER(S)
Nadia Modesto-Assistant Treasurer

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Long Beach	CA	90802	[REDACTED]

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	1-23-19	By	[REDACTED]
	DATE		TREASURER OR ASSISTANT TREASURER
Executed on	5/20/19	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

TORRANCE
 2019 OCT -9 AM 10:57
 CITY CLERK'S OFFICE

FPPC Form 410 (August 2018)
 FPPC Advice: advice@fppc.ca.gov (866/275-3272)
 www.fppc.ca.gov

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Tim Goodrich for Torrance City Council 2018

I.D. NUMBER

1395893

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

NAME OF FINANCIAL INSTITUTION Nano Banc	AREA CODE/PHONE (949) 538-5214	BANK ACCOUNT NUMBER [REDACTED]
ADDRESS 7700 Irvine Center Dr. Suite 700	CITY Irvine	STATE ZIP CODE CA 92618

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	PARTY CHECK ONE		
			Nonpartisan X	Partisan	(list political party below)
Tim Goodrich	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

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Tim Godrich for Torrance City Council 2018

I.D. NUMBER

1395803

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

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.