

TORRANCE

OK

Statement of Organization Recipient Committee

Statement Type

Initial

Amendment

Termination

Not yet qualified or

Date qualified as committee

9 / 5 / 2017

_____/_____/_____
Date qualified as committee

_____/_____/_____
Date of termination

Date Stamp

CALIFORNIA FORM 410

For Official Use Only

LOS ANGELES COUNTY

RECEIVED AND FILED

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

CITY CLERK'S OFFICE

FEB 05 2018

2018 FEB 22 AM 9:12

CAMPAIGN FINANCE

I.D. Number
(if applicable) 1397814

NAME OF COMMITTEE
Tom Brewer for Torrance Mayor 2018

NAME OF TREASURER

Tom Brewer

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Torrance	CA	90505	██████████

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Torrance	CA	90505	██████████

MAILING ADDRESS (IF DIFFERENT)

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

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
Los Angeles	Torrance

Attach additional information on appropriately labeled continuation sheets.

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 January 31, 2018 By ██████████
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on January 31, 2018 By ██████████
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