

**Statement of Organization
Recipient Committee**

Statement Type

Initial

Amendment

Termination – See Part 5

Not yet qualified
or

Date qualified as committee

_____/_____/_____
Date qualified as committee

07 / 31 / 2018
Date of termination

Date Stamp
TORRANCE
2018 JUL 31 PM 4:33
CITY CLERK'S OFFICE

CALIFORNIA FORM 410
For Official Use Only

1. Committee Information I.D. Number (if applicable) 1397814 **2. Treasurer and Other Principal Officers**

NAME OF COMMITTEE
TOM BREWER FOR TORRANCE MAYOR 2018

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

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

MAILING ADDRESS (IF DIFFERENT)
[REDACTED]

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

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
LOS ANGELES TORRANCE

NAME OF TREASURER
TOM BREWER

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)
[REDACTED]

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

CITY STATE ZIP CODE AREA CODE/PHONE
[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 this statement is true and correct.

Executed on JULY 31, 2018 By [REDACTED] TREASURER OR ASSISTANT TREASURER

Executed on JULY 31, 2018 By [REDACTED] SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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

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