

Torrance

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 07 / 31 / 2018

Date Stamp RECEIVED AND FILED in the office of the Secretary of State of the State of California MAY 13 2019

CALIFORNIA FORM 410 For Official Use Only RECEIVED BY LOS ANGELES COUNTY CAMPAIGN FINANCE 2019 MAY 20 PM 2:35

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: [REDACTED]. CITY: TORRANCE, STATE: CA, ZIP CODE: 90505. COUNTY OF DOMICILE: LOS ANGELES, JURISDICTION WHERE COMMITTEE IS ACTIVE: TORANCE.

NAME OF TREASURER: TOM BREWER. STREET ADDRESS: [REDACTED]. CITY: TORRANCE, STATE: CA, ZIP CODE: 90505. NAME OF ASSISTANT TREASURER, IF ANY: [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 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.

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