

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 _____/_____/_____
Date of termination _____/_____/_____

Date Stamp
2018 SEP 14 AM 9:47
SANTA MONICA, CALIF.
CALIFORNIA FORM 410
For Official Use Only

1. Committee Information

I.D. Number (if applicable) PENDING

NAME OF COMMITTEE
Families to Re-elect Oscar de la Torre to SMMUSD School Board 2018

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
Santa Monica CA 90404 310 922-5122

MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)
odelatorre16@yahoo.com

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
Los Angeles Santa Monica - Malibu

2. Treasurer and Other Principal Officers

NAME OF TREASURER Oscar de la Torre

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
Santa Monica CA 90404 310 922-5122

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S) Oscar de la Torre

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
Santa Monica CA 90404 310 922 5122

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 8/9/18 By [Signature] SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 8/9/18 By [Signature] 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