

**Statement of Organization  
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial	<input checked="" type="checkbox"/> Amendment	<input type="checkbox"/> Termination - See Part 5
<input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met	Date qualification threshold met <u>9 / 12 / 2022</u>	Date of termination ____ / ____ / ____



**CALIFORNIA FORM 410**

For Official Use Only

1. Committee Information		I.D. Number		2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE <u>GODWIN for COUNCIL 2022</u>		<u>1450633</u> <small>(if applicable)</small>		NAME OF TREASURER <u>DANIEL F. GODWIN</u>			
STREET ADDRESS (NO P.O. BOX) [REDACTED]		CITY <u>HERMOSA BEACH</u>		STATE <u>CA</u>	ZIP CODE <u>90254</u>	AREA CODE/PHONE [REDACTED]	
CITY <u>HERMOSA BEACH</u>		STATE <u>CA</u>	ZIP CODE <u>90254</u>	NAME OF ASSISTANT TREASURER, IF ANY <u>N/A</u>			
FULL MAILING ADDRESS (IF DIFFERENT) <u>SAME</u>		STREET ADDRESS (NO P.O. BOX) _____		CITY _____			
COUNTY OF DOMICILE <u>LOS ANGELES</u>		JURISDICTION WHERE COMMITTEE IS ACTIVE <u>HERMOSA BEACH</u>		NAME OF PRINCIPAL OFFICER(S) <u>DANIEL F. GODWIN</u>			
[REDACTED]		STREET ADDRESS (NO P.O. BOX) [REDACTED]		CITY <u>HERMOSA BEACH</u>			
[REDACTED]		[REDACTED]		STATE <u>CA</u>	ZIP CODE <u>90254</u>	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 I know the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the information is true and correct.

Executed on 9/12/22 By [REDACTED]

Executed on 9/12/22 By [REDACTED]

Executed on \_\_\_\_\_ By \_\_\_\_\_

Executed on \_\_\_\_\_ By \_\_\_\_\_

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INSTRUCTIONS ON REVERSE

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COMMITTEE NAME <b>GODWIN FOR COUNCIL 2022</b>		I.D. NUMBER <b>1450633</b>	
<ul style="list-style-type: none"> <li>All committees must list the financial institution where the campaign bank account is located.</li> </ul>			
NAME OF FINANCIAL INSTITUTION <b>BANK OF AMERICA</b>	AREA CODE/PHONE <b>310-406-8720</b>	BANK ACCOUNT NUMBER [REDACTED]	
ADDRESS <b>90 PIER AVE.</b>	CITY <b>HERMOSA BEACH</b>	STATE <b>CA</b>	ZIP CODE <b>90254</b>
<b>4. Type of Committee</b> 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		
<b>DANIEL F. GODWIN</b>	<b>MEMBER OF THE CITY COUNCIL - HERMOSA BEACH</b>	<b>2022</b>	Nonpartisan <input checked="" type="checkbox"/>	Partisan	(list political party below)
			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	
<b>N/A</b>		SUPPORT	OPPOSE
		SUPPORT	OPPOSE

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Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME  
GODWIN FOR COUNCIL 2022

I.D. NUMBER  
1450633

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  
N/A

**Sponsored Committee** List additional sponsors on an attachment.

NAME OF SPONSOR: N/A  
INDUSTRY GROUP OR AFFILIATION OF SPONSOR:  
STREET ADDRESS      NO. AND STREET      CITY      STATE      ZIP CODE      AREA CODE/PHONE

**Small Contributor Committee**  \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ N/A  
Date qualified

5. Termination Requirements By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or ponent 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.