Statement of Organization Recipient Committee	CALIFORNIA FORM 410
Statement Type	For Official Use Only HERMOSA BEACH CITY CLERK
1. Committee Information I.D. Number 145 0 6 3 3 2. Treasurer and Other Principal Officers	
Godwin for Council 2022 DANIEL	F. GODWIN
STREET ADDRESS (NO P.O.	b. BOX)
STREET ADDRESS (NO P.O. ROX)	STATE ZIP CODE AREA CODE/PHONE
HERMOSA	
HERMOSA BEACH CA 90254 NAME OF ASSISTANT TRE	EASURER, IF ANY
FULL MAILING ADDRESS (IF DIFFERENT) SAME STREET ADDRESS (NO P.O.	D. BOX)
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)	STATE ZIP CODE AREA CODE/PHONE
LOS ANGELES HERMOSA BEACH DANIEL F	F. GODWIN
STREET ADDRESS (NO P.O	D. BOX)
Attach additional information on appropriately labeled continuation sheets.	SEACH CA 90254
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 Executed on 12/7/22	
Executed on 12/7/22 By Asurer or Assistant Treasurer	
Executed on By SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR	R STATE MEASURE PROPONENT R STATE MEASURE PROPONENT
Executed on By By SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OF	R STATE MEASURE PROPONENT

FPPC Form 410 (August/2018) FPPC Advice: advice@fppc.ca.gov (866/275-3772)