Statement Type Initial	O Not yet qualified or Date qualification threshold met Date qualification threshold met Date of termination 1. Committee Information 2. Treasurer and Other Information 1. Committee Information 2. Committee Information 3.	FORM 410 For Official Use Only HERMOSA BEACH CITY CLERK AND ZI WON PROPRIED FORM 410 FOR OFFICIAL USE ONLY
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Executed on Signature of Controlling OfficeHolder, CANDIDATE, OR STATE MEASURE PROPONENT	Executed on 9/15/20/ By By SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASUR	RE PROPONENT
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Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA 410

Page 2

Brian Sheil for Hermosa Beach City Louw cil 2024 Pending						
All committees must list the financial institution where the campaign bank account is located and the person(s) authorized to obtain bank records.						
NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RECORDS Bank account number Bank account number						
ADDRESS OF FINANCIAL INSTITUTION Blvd, Marhattan Beach CA, 90266 4. Type of Committee 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. 						
ELECTIVE OFFICE SOUGHT OR HELD YEAR OF PARTY						

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	(INCLUDE DISTRICT NUMBER IF APPLICABLE)	ELECTION	CHECK	ONE	
Brian Sheil	Hermosa Beach City Cou	2024	Nonpartisan	Partisan	(list political party below)
			Nonpartisan	Partisan	(list political party below)
Primarily Formed Committee Primarily formed to support or o	oppose specific candidates or measures in a single e	lection. 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)

SUPPORT OPPOSE

SUPPORT OPPOSE