

**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 checked="" type="radio"/> Date qualification threshold met	Date qualification threshold met	Date of termination
<u>9/5/24</u>	<u>9/5/24</u>	____/____/____



**CALIFORNIA FORM 410**

For Official Use Only

1. Committee Information		I.D. Number (if applicable) <u>1475240</u>		2. Treasurer and Other Principal Officers				
NAME OF COMMITTEE <u>Brian Sheil For Hermosa Beach City Council 2024</u>		NAME OF TREASURER <u>Brian Sheil</u>		STREET ADDRESS (NO P.O. BOX)		CITY <u>Hermosa Beach CA</u>	STATE <u>CA</u>	ZIP CODE <u>90254</u>
STREET ADDRESS (NO P.O. BOX)		EMAIL ADDRESS OF TREASURER (REQUIRED)		STREET ADDRESS (NO P.O. BOX)		CITY	STATE	ZIP CODE
CITY <u>Hermosa Beach CA</u>		NAME OF ASSISTANT TREASURER, IF ANY		STREET ADDRESS (NO P.O. BOX)		CITY	STATE	ZIP CODE
STATE <u>CA</u>		STREET ADDRESS (NO P.O. BOX)		EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED)		AREA CODE/PHONE		
ZIP CODE <u>90254</u>		NAME OF PRINCIPAL OFFICER(S)		STREET ADDRESS (NO P.O. BOX)		CITY	STATE	ZIP CODE
AREA CODE/PHONE		STREET ADDRESS (NO P.O. BOX)		EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED)		AREA CODE/PHONE		
FULL MAILING ADDRESS (IF DIFFERENT)		CITY OF DOMICILE <u>Los Angeles</u>		JURISDICTION WHERE COMMITTEE IS ACTIVE <u>Hermosa Beach</u>		ATTACH ADDITIONAL INFORMATION ON APPROPRIATELY LABELED CONTINUATION SHEETS.		
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)								

**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 10/27/24 By \_\_\_\_\_  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 10/27/24 By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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INSTRUCTIONS ON REVERSE

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COMMITTEE NAME <i>Brian Sheil For Hermosa Beach City Council 2024</i>	I.D. NUMBER <i>1475240</i>
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• 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 <i>Bank of America - Brian Sheil</i>	AREA CODE/PHONE [REDACTED]	BANK ACCOUNT NUMBER [REDACTED]
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ADDRESS OF FINANCIAL INSTITUTION <i>3016 North Sepulveda Blvd.</i>	CITY <i>Manhattan Beach</i>	STATE <i>CA</i>	ZIP CODE <i>90266</i>
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**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.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		
<i>Brian Sheil</i>	<i>Hermosa Beach City Council</i>	<i>2024</i>	Nonpartisan <input checked="" type="checkbox"/>	Partisan <input type="checkbox"/>	(list political party below)
			Nonpartisan <input type="checkbox"/>	Partisan <input type="checkbox"/>	(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	
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>