

**Statement of Organization
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial	<input type="checkbox"/> Amendment	<input checked="" type="checkbox"/> Termination – See Part 5
<input type="radio"/> Not yet qualified or		
<input type="radio"/> Date qualification threshold met	Date qualification threshold met	
____/____/____	____/____/____	

Date of termination
12 / 2 / 2024

Date Stamp

CALIFORNIA
FORM

410

For Official Use Only

CITY OF SIGNAL HILL
DEC 3 24 PM3:14

1. Committee Information		I.D. Number (if applicable)	1463893			2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE Copeland for Council 2024						NAME OF TREASURER Robert D. Copeland			
STREET ADDRESS (NO P.O. BOX) 2160 Bay View Dr.						STREET ADDRESS (NO P.O. BOX) 2160 Bay View Dr.	CITY Signal Hill	STATE CA	ZIP CODE 90755
CITY Signal Hill STATE CA ZIP CODE 90755 AREA CODE/PHONE (714)290-4831						EMAIL ADDRESS OF TREASURER (REQUIRED) copelandforcouncil2024@gmail.com	AREA CODE/PHONE (714)290-4831		
FULL MAILING ADDRESS (IF DIFFERENT)						NAME OF ASSISTANT TREASURER, IF ANY			
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL) copelandforcouncil2024@gmail.com						STREET ADDRESS (NO P.O. BOX)	CITY	STATE	ZIP CODE
COUNTY OF DOMICILE Los Angeles JURISDICTION WHERE COMMITTEE IS ACTIVE City of Signal Hill						EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED)	AREA CODE/PHONE		
Attach additional information on appropriately labeled continuation sheets.						NAME OF PRINCIPAL OFFICER(S) Robert D. Copeland			
						STREET ADDRESS (NO P.O. BOX) 2160 Bay View Dr.	CITY Signal Hill	STATE CA	ZIP CODE 90755
						EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED) copelandforcouncil2024@gmail.com	AREA CODE/PHONE (714)290-4831		
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 <u>12-2-24</u> DATE <u>12-2-24</u>	By <u>Robert D. Copeland</u> SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on <u>12-2-24</u> DATE <u>12-2-24</u>	By <u>Robert D. Copeland</u> SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on _____ DATE _____	By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on _____ DATE _____	By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT