

Statement of Organization  
Recipient Committee

Statement Type

☐ Initial

☐ Not yet qualified  
or

☐ Date qualification threshold met

☐ Amendment

Date qualification threshold met

☒ Termination – See Part 5

Date of termination

12 / 2 / 2024

Date Stamp

CITY OF SIGNAL HILL  
DEC 3 '24 PM 3:14

CALIFORNIA  
FORM 410

For Official Use Only

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

Executed on 12-2-24 By [Signature]  
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 \_\_\_\_\_  
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