

**Statement of Organization
Recipient Committee**

Statement Type

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

Date Stamp

**CALIFORNIA
FORM 410**

For Official Use Only

CITY OF SIGNAL HILL
FEB 11 '20 PM5:04

1. Committee Information

I.D. Number
(if applicable)

2. Treasurer and Other Principal Officers

NAME OF COMMITTEE
Copeland for Council 2020

STREET ADDRESS (NO P.O. BOX)
[REDACTED]

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Signal Hill	CA	90755	(714)290-4831

FULL MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)
copelandforcouncil2020@yahoo.com

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
Los Angeles	City of Signal Hill

NAME OF TREASURER
Robert D. Copeland

STREET ADDRESS (NO P.O. BOX)
[REDACTED]

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Signal Hill	CA	90755	(714)290-4831

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)
[REDACTED]

CITY	STATE	ZIP CODE	AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)
Robert D. Copeland

STREET ADDRESS (NO P.O. BOX)
[REDACTED]

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Signal Hill	CA	90755	(714)290-4831

Attach additional information on appropriately labeled continuation sheets.

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 12-1-19 By [REDACTED]
DATE REASURER OR ASSISTANT TREASURER

Executed on 12-1-19 By [REDACTED]
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

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME Copeland for Council 2020	I.D. NUMBER
---	-------------

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION TBD - Bank awaiting Sec of State ID #	AREA CODE/PHONE	BANK ACCOUNT NUMBER
ADDRESS	CITY	STATE ZIP CODE

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		(list political party below)
			Nonpartisan	Partisan	
Robert D. Copeland	Member of the City Council	2020	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<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	OPPOSE
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 3

COMMITTEE NAME

Copeland for Council 2020

I.D. NUMBER

4. Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

CITY Committee

COUNTY Committee

STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Small Contributor Committee

_____/_____/_____
Date qualified

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer, and/or candidate, officer/holder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
 - This committee does not anticipate receiving contributions or making expenditures in the future;
 - This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
 - This committee has no surplus funds; and
 - This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
- Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.