

**Statement of Organization  
Recipient Committee**

Statement Type  Initial  
 Not yet qualified  or  
 \_\_\_\_\_  
 Date qualified as committee

Amendment  
 List I.D. number:  
 # 1385308  
 05 / 26 / 2016  
 Date qualified as committee  
 (if applicable)

Termination - See Part 5  
 List I.D. number:  
 # \_\_\_\_\_  
 \_\_\_\_\_  
 Date of Termination

Date Stamp 16 JUN -9 PM 3:50	<b>CALIFORNIA FORM 410</b>
	For Official Use Only

**1. Committee Information**

NAME OF COMMITTEE  
 Duran for City Council 2017

STREET ADDRESS (NO P.O. BOX)  
 9000 Sunset Blvd., #710

CITY	STATE	ZIP CODE	AREA CODE/PHONE
West Hollywood	CA	90069	(562) 983-0815

MAILING ADDRESS (IF DIFFERENT)  
 525 E. Seaside Way, #101-C Long Beach, CA 90802

FAX / E-MAIL ADDRESS  
 (562) 983-0817 / gary@crummittandassociates.com

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
Los Angeles	

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER  
 Gary Crummitt

STREET ADDRESS (NO P.O. BOX)  
 525 E. Seaside Way, #101-C

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Long Beach	CA	90802	(562) 983-0815

NAME OF ASSISTANT TREASURER, IF ANY  
 \_\_\_\_\_

STREET ADDRESS (NO P.O. BOX)  
 \_\_\_\_\_

CITY	STATE	ZIP CODE	AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)  
 \_\_\_\_\_

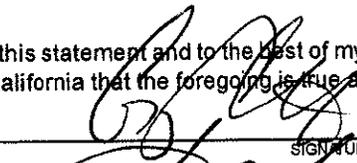
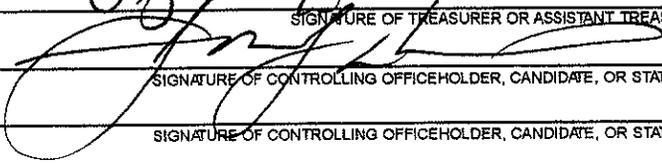
STREET ADDRESS (NO P.O. BOX)  
 \_\_\_\_\_

CITY	STATE	ZIP CODE	AREA CODE/PHONE

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	5/26/2016	By	
	DATE		SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on	5/26/2016	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