

# Statement of Organization Recipient Committee

Type or print in ink

Statement Type

Initial  
Not yet qualified  or

Amendment  
List I.D. number: # \_\_\_\_\_

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

Date qualified as committee \_\_\_\_\_

Date qualified as committee (if applicable) \_\_\_\_\_

Date of Termination \_\_\_\_\_

## 1. Committee Information

NAME OF COMMITTEE

Duran Legal Defense Fund

STREET ADDRESS (NO P.O. BOX)

777 S. Figueroa St., Ste. 4050

CITY

Los Angeles

MAILING ADDRESS (IF DIFFERENT)

STATE

CA

ZIP CODE

90017

AREA CODE/PHONE

213-452-6565

OPTIONAL: FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE

Los Angeles

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE

Attach additional information on appropriately labeled continuation sheets.

## 2. Treasurer and Other Principal Officers

NAME OF TREASURER

Craig Charles

STREET ADDRESS (NO P.O. BOX)

777 S. Figueroa St. Ste. 4050

CITY

Los Angeles

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

## 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

3/13/12

By

*Craig Charles*

Executed on

3/13/12

By

*[Signature]*

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Date Stamp **CITY OF CALIFORNIA** **410**  
**12 MAR 19** or **18** or **17** Use Only  
**OFFICE OF THE CITY CLERK**

STATEMENT OF ORGANIZATION FORM

# Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Duran Legal Defense Fund

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STATEMENT OF ORGANIZATION  
CALIFORNIA  
FORM 410

I.D. NUMBER

Pending

## 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 "non-partisan."
- 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
John Duran	West Hollywood City Council Member	n/a		<input checked="" type="checkbox"/> Non-Partisan <input type="checkbox"/> Non-Partisan

- List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER
California Bank & Trust	(213) 228-1700	32404722711
ADDRESS	CITY	STATE
550 S. Hope St., Ste. 100	Los Angeles	CA
		ZIP CODE
		90071

### 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)	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

COMMITTEE NAME

Duran Legal Defense Fund

**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

**Small Contributor Committee**

\_\_\_\_\_  
Date qualified

**5. Termination Requirements**

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, 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.

Attachment to Form 410 – Duran Legal Defense Fund

Specific Legal Dispute – Defense of investigation of City policies on meals reimbursement.