

**Statement of Organization  
Recipient Committee**

Type or print in ink

STATEMENT OF ORGANIZATION

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

Amendment  
List I.D. number:  
# 1323754  
\_\_\_\_\_  
1 / 30 / 10  
Date qualified as committee  
(If applicable)

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

Date Stamp	CALIFORNIA FORM <b>410</b> For Official Use Only
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**1. Committee Information**

NAME OF COMMITTEE  
John Leos for Anaheim City Council 2012

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STREET ADDRESS (NO PO. BOX)

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CITY STATE ZIP CODE AREA CODE/PHONE  
Anaheim CA 92806

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MAILING ADDRESS (IF DIFFERENT)  
CA 91502

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OPTIONAL: FAX / E-MAIL ADDRESS

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COUNTY OF DOMICILE Orange County	COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE
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**2. Treasurer and Other Principal Officers**

NAME OF TREASURER  
Kinde Durkee

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STREET ADDRESS

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CITY	STATE	ZIP CODE	AREA CODE/PHONE
Burbank	CA	91502	

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NAME OF ASSISTANT TREASURER, IF ANY

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STREET ADDRESS

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CITY	STATE	ZIP CODE	AREA CODE/PHONE

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NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE

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ADDITIONAL ADDRESS

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MAILING ADDRESS


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CITY	STATE	ZIP CODE	AREA CODE/PHONE
Anaheim	CA	92806-4101	

**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 \_\_\_\_\_ DATE  
Executed on \_\_\_\_\_ DATE  
Executed on \_\_\_\_\_ DATE  
Executed on \_\_\_\_\_ DATE

By Kinde Durkee   
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By John Leos   
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT