

**Statement of Organization  
Recipient Committee**

Statement Type  Initial  Amendment  Termination – See Part 5  
 Not yet qualified  or  
 List I.D. number: # 1289438  
 Date qualified as committee: 08 / 24 / 2006  
 Date qualified as committee (if applicable)  
 List I.D. number: # \_\_\_\_\_  
 Date of Termination: \_\_\_\_\_

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 2014 JUL 22 10:04 AM  
**CALIFORNIA FORM 410**  
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**1. Committee Information**

NAME OF COMMITTEE  
 Troy Edgar for City Council 2014  
 STREET ADDRESS (NO P.O. BOX)  
 [REDACTED]  
 CITY STATE ZIP CODE AREA CODE/PHONE  
 Los Alamitos Ca 90720 [REDACTED]  
 MAILING ADDRESS (IF DIFFERENT)  
 [REDACTED]  
 FAX / E-MAIL ADDRESS  
 [REDACTED]  
 COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE  
 Orange City of Los Alamitos

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER  
 Gary Coppel  
 STREET ADDRESS (NO P.O. BOX)  
 [REDACTED]  
 CITY STATE ZIP CODE AREA CODE/PHONE  
 Los Alamitos Ca 90720 [REDACTED]  
 NAME OF ASSISTANT TREASURER, IF ANY  
 Troy Edggar  
 STREET ADDRESS (NO P.O. BOX)  
 [REDACTED]  
 CITY STATE ZIP CODE AREA CODE/PHONE  
 Los Alamitos Ca 90720 [REDACTED]  
 NAME OF PRINCIPAL OFFICER(S)  
 [REDACTED]  
 STREET ADDRESS (NO P.O. BOX)  
 [REDACTED]  
 CITY STATE ZIP CODE AREA CODE/PHONE  
 [REDACTED]

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 07/22/2014 By [REDACTED] SIGNATURE OF TREASURER OR ASSISTANT TREASURER  
 Executed on 07/22/2014 By [REDACTED] SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT  
 Executed on \_\_\_\_\_ By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT  
 Executed on \_\_\_\_\_ By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Troy Edgar for City Council 2014

I.D. NUMBER

1289438

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

NAME OF FINANCIAL INSTITUTION Southland Credit Union	AREA CODE/PHONE	BANK ACCOUNT NUMBER	
ADDRESS	CITY Los Alamitos	STATE Ca	ZIP CODE 90720

**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."
- 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
Troy Edgar	City Council Member-Los Alamitos	2014	<input checked="" type="checkbox"/> Nonpartisan
			<input type="checkbox"/> Nonpartisan

**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"/>