

Statement of Organization Recipient Committee

Statement Type

Initial Amendment Termination - See Part 5
Not yet qualified or Date qualification threshold met
Date of termination 1/10/2021

Date Stamp RECEIVED BY LOS ANGELES COUNTY CAMPAIGN FINANCE
CALIFORNIA FORM 410 For Official Use Only
2021 JAN 21 AM 8:43 015301 C11210

1. Committee Information I.D. Number 1424108
NAME OF COMMITTEE Mike Graves for State Assembly 2020
NAME OF TREASURER Paula Bloch
STREET ADDRESS (NO P.O. BOX)
CITY Burbank, Ca. 91505 STATE ZIP CODE AREA CODE/PHONE 323-936-7256
NAME OF ASSISTANT TREASURER, IF ANY
STREET ADDRESS (NO P.O. BOX)
CITY STATE ZIP CODE AREA CODE/PHONE
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) micheal-graves@sbcglobal.net
COUNTY OF DOMICILE Los Angeles JURISDICTION WHERE COMMITTEE IS ACTIVE 43rd Assembly District
NAME OF PRINCIPAL OFFICER(S) Michael Graves
STREET ADDRESS (NO P.O. BOX)
CITY Burbank, Ca. 91505 STATE ZIP CODE AREA CODE/PHONE 323-936-7256

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 1/12/21 By
Executed on 1-12-2021 By
Executed on DATE By SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on DATE By SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT