

**Statement of Organization
Recipient Committee**

STATEMENT OF ORGANIZATION

CALIFORNIA
FORM
410

For Official Use Only

Date Stamp

RECEIVED

JUL - 1 2009

CITY OF LA HABRA HEIGHTS

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:

#

#

6 / 15 / 09

Date qualified as committee

____ / ____ / ____

Date of Termination

1. Committee Information

NAME OF COMMITTEE

Howard Vipperman Campaign Fund

NAME OF TREASURER

Howard Vipperman

STREET ADDRESS

1717 Chota Road

STREET ADDRESS (NO RO. BOX)

1717 Chota Road

STATE

ZIP CODE

AREA CODE/PHONE

CA

90631

562-694-1491

CITY

La Habra Heights

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS

OPTIONAL: FAX / E-MAIL ADDRESS

howardv@viprubber.com

CITY

STATE

ZIP CODE

AREA CODE/PHONE

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

COUNTY OF DOMICILE

Los Angeles

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE

MAILING ADDRESS

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 _____ DATE

07-01-09

By _____

Howard Vipperman
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on _____ DATE

07-01-09

By _____

Howard Vipperman
SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROponent

Executed on _____ DATE

DATE

By _____

SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROponent

Executed on _____ DATE

DATE

By _____

SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROponent

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INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

I.D. NUMBER

Howard Vipperman Campaign Fund

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
Howard Vipperman	La Habra Heights City Council	2011	<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
Citizens Business Bank	714-967-7222	30032071
ADDRESS	CITY	STATE ZIP CODE
2000 East 4th Street Suite 100	Santa Ana	CA 92705

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	SUPPORT	OPPOSE