Statement of	Organization						
					Date Stamp	CALIF	ORNIA 440
Recipient Cor	nmittee					FO	
Statement Type	☐ Initial	☐ Amendment	√ Terminat	ion – See Part 5			For Official Use Only
	Not yet qualified  or	List I.D. number:	List I.D. numbe		CITY OF DA	MA POINT	of Official Ose Offic
	, <del>-</del>		<sub>#</sub> 134427	7			
	•	#	.10.		7AIN AUG 1	P 2:48	
	<u>2</u> ,1,2012		aug ,11	,2014			
	Date qualified as committee		Date of Te	rmination	REC	IVED OTHERT	
Selection of the select	A subsequence and expensive management of the second	(If applicable)			CITY CLERK'S	DEPARTMENT	
I. Committee h	uermanon		2	. Treasurer and O	ther Principal Office	rs	
Norm Denton f	or City Council 2014			NAME OF TREASURER			
STREET ADDRESS (NO P.C				May Belsby		2	
				STREET ADDRESS (NO P.O. BOX)			
CITY	STATE	ZIP CODE AREA CODE					10 A COMPANY - 1 ST NORMAN - 1 T T T T T T T T T T T T T T T T T T
	JIMIL	ZIP CODE AREA FINE	/BHONE	CITY	STAT	ZIP CODE	AREA CODE/PHONE
MAILING ADDRESS (IF DI	SEEDENT!						
MAILING ADDRESS (IF DI	FFERENT			NAME OF ASSISTANT TREASURE	R, IF ANY		
FAX / E-MAIL ADDRESS						*	
				STREET ADDRESS (NO P.O. BOX)			
COUNTY OF DOMICILE	IURISDICTION WH	ERE COMMITTEE IS ACTIVE	· ·	CITY		ř.	
Orange County City of Dana Point				City	STAT	ZIP CODE	AREA CODE/PHONE
		and i one					
				NAME OF PRINCIPAL OFFICER(S)			
Wednesday Mr. Section According							
Attach additional i	information on appropriate	ly labeled continuation shee	rts.	STREET ADDRESS (NO P.O. BOX)			
				CITY			
				CITY	STAT	ZIP CODE	AREA CODE/PHONE
L base seed all re							
nepalty of perim	asonable diligence in prepa	aring this statement and to t te of California that the fore	the best of my ki	nowledge the informa	tion contained herein is	true and complete	. I certify under
	1/2014	te of California that the fore	going is true and	d correct.			
Executed on O/ I	DATE By			ey Below	$\longrightarrow$		
8/11	/2014	//	SIGNATURE OF T	REASURER OR ASSISTANT TREASU	RER	<del></del> ,	
Executed on O/11	DATE By	1 ka	vita	Ju-			
Executed on		SIGNATURE	OF CONTROLLING OFFIC	EHOLDER, CANDIDATE, OR STATE I	MEASURE PROPONENT		
Executed on	DATE By	SIGNATURE	OF CONTROLLING OFFIC	EHOLDER, CANDIDATE, OR STATE I	MEASURE PROPONENT		
Executed on	By			,	The state of the s		
	DATE	SIGNATURE	E OF CONTROLLING OFFIC	CEHOLDER, CANDIDATE, OR STATE	MEASURE PROPONENT		

FPPC Form 410 (Dec/2012)
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