| Statement of C<br>Recipient Com | •  |   |   |                                      |              | Date S                  | Stamp            | CALIFO<br>FOI |                       |
|---------------------------------|--|---|---|--------------------------------------|--------------|-------------------------|------------------|---------------|-----------------------|
| Statement Type                  | ☑ Initial  Not yet qualified ☐ or  | Amendment List I.D. number:                 | Terminati                                     | on – See Part 5<br>:                 |              |                         | NA POINT         | f             | For Official Use Only |
|                                 | 09162016  Date qualified as committee  | Date qualified as committee (If applicable) | /   |                                      | CMY 6        | RECEI<br>LERK'S I       | VED<br>DEPARTMEN |               |                       |
| 1. Committee In                 | formation  |   | 2.  | Treasurer and                        | <b>Other</b> | Principal               | Officers         |               |                       |
|                                 | int City Council 2016  |   |   | Gail Benda STREET ADDRESS (NO P.O. B | вох)         |                         |                  |               |                       |
|                                 |  |   |   |                                      |              |                         |                  |               |                       |
| STREET ADDRESS (NO P.O.         | BOX)   |   |   | CITY                                 |              |                         | STATE            | ZIP CODE      | AREA CODE/PHONE       |
| СІТҮ                            | STATE  | ZIP CODE AREA CODE/PH                       | HONE  | NAME OF ASSISTANT TREAS              | SURER, IF AN | 1                       |                  |               |                       |
| MAILING ADDRESS (IF DIF         | FERENT)  |   |   | STREET ADDRESS (NO P.O. B            | BOX)         |                         | 7                |               |                       |
| FAX / E-MAIL ADDRESS            |  |   | nema ni ili santa di mangani si suraprana dal | CITY                                 |              |                         | STATE            | ZIP CODE      | AREA CODE/PHONE       |
| COUNTY OF DOMICILE              | The property of the property o | E COMMITTEE IS ACTIVE                       |   | NAME OF PRINCIPAL OFFICE             | CER(S)       |                         |                  |               |                       |
| Orange                          | City of Da   | na Point                                    |   | STREET ADDRESS (NO P.O. B            | вох)         |                         |                  |               |                       |
| Attach additional i             | nformation on appropriately  | labeled continuation sheets                 | 5.  | CITY                                 |              |                         | STATE            | ZIP CODE      | AREA CODE/PHONE       |
| penalty of perjur               | asonable diligence in prepar<br>y under the laws of the State<br>16/2016 <sub>Bv</sub>   |   |   |                                      | rmation (    | contained I             | nerein is true   | and complet   | e. I certify under    |
|                                 | 16/2016 By   | SIGNATURE C                                 | H   | REASURER OR ASSISTANT TRI            |              | RE PROPONENT            |                  |               |                       |
| Executed on                     | DATE By  | SIGNATURE O                                 | OF CONTROLLING OFFI                           | CEHOLDER, CANDIDATE, OR S            | STATE MEASU  | RE PROPONENT            |                  |               |                       |
| Executed on                     | DATE By  |   |   | CEHOLDER, CANDIDATE, OR S            | 95 - 2       | 90908 MAC N. MIZED 4004 |                  |               |                       |

FPPC Form 410 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

| Statement of Organization Recipient Committee  |                 |                              |                      |                          | CALIFOR<br>FORM | 4            | 10       |
|--|-----------------|------------------------------|----------------------|--------------------------|-----------------|--------------|----------|
| INSTRUCTIONS ON REVERSE  |                 |                              |                      | P                        | age 2           |              |          |
| Wyatt Dana Point City Council 2016   |                 |                              |                      | 1.1                      | D. NUMBER       |              |          |
| All committees must list the financial institution where the campaign  | n bank accour   | nt is located.               |                      |                          |                 |              |          |
| NAME OF FINANCIAL INSTITUTION  | AREA C          | ODE/PHONE                    | BANK ACCOUNT NUM     | BER                      |                 |              |          |
| Wells Fargo  |                 |                              |                      |                          |                 |              |          |
| ADDRESS  | CITY            |                              | STATE                | ZIP CODE                 |                 | · · · · · ·  | -        |
|  |                 |                              |                      |                          |                 |              |          |
| 4. Type of Committee Complete the applicable sections.   |                 |                              |                      |                          |                 |              |          |
| Controlled Committee   |                 |                              |                      |                          |                 |              |          |
| <ul> <li>List the name of each controlling officeholder, candidate, or sta<br/>district number, if any, and the year of the election.</li> </ul> | te measure      | proponent. If candidate or o | officeholder contro  | lled, also list the elec | ctive office so | ought or h   | eld, and |
| • List the political party with which each officeholder or candidat  | e is affiliated | l or check "nonpartisan."    |                      |                          |                 |              |          |
| If this committee acts jointly with another controlled committee   | e, list the na  | me and identification numbe  | er of the other con  | trolled committee.       |                 |              |          |
| NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT   |                 | ELECTIVE OFFICE SOUGHT OF    |                      | YEAR OF ELECTION         |                 | PARTY        |          |
| Paul Wyatt   | Memb            | er, City Council, Dana       | Point, CA            | 2016                     | ☑ Nonp          | artisan      |          |
|  |                 |                              |                      |                          | Nonp            | artisan      |          |
| Primarily Formed Committee Primarily formed to support or  | oppose spe      | cific candidates or measures | in a single election | . List below:            |                 | <del>.</del> |          |
| CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR L  |                 | CANDIDATE(S) OFFIC           | _                    | MEASURE(S) JURISDICTION  |                 | CHECK        | ONE      |
|  |                 |                              |                      |                          |                 | SUPPORT      | OPPOSE   |

SUPPORT

OPPOSE

## Statement of Organization Recipient Committee

COMMITTEE NAME
Whyott Done Point City Council 2016

INSTRUCTIONS ON REVERSE

CALIFORNIA 410

| age | 3 |
|-----|---|
|     |   |

1.D. NUMBER

| Wyatt Dana Foint City C               | Outliell 2010   |  |              |                  |
|---------------------------------------|---|--|--------------|------------------|
| 4. Type of Committee                  | Continued)  |  |              |                  |
| General Purpose Committee             | Not formed to support or oppose specifical CITY Committee COUNTY Committee  |  | ction. Check | conly one box:   |
| PROVIDE BRIEF DESCRIPTION OF ACTIVITY | una - grande and a second a second and a second a second and a second |  |              | MAAAAA 200 AAAAA |
|                                       |   |  |              |                  |
| Sponsored Committee List a            | additional sponsors on an attachment.   |  |              |                  |
| NAME OF SPONSOR                       |   | INDUSTRY GROUP OR AFFILIATION OF SPONSOR |              |                  |
| STREET ADDRESS NO. AND STREE          | ET CITY   |  | STATE        | ZIP CODE         |
| Small Contributor Committee           | Date qualified  |  |              |                  |

## 5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
  - -- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
  - -- Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.