Statement of Recipient Co	Organization				
•	immiliee				IFORNIA 410
Statement Type	☐ Initial Not yet qualified ☐ or	X Amendment List I.D. number:	☐ Termination – See Part 5 List I.D. number:		For Official Use Only
		#_1389180	#	CITY OF DANA P	OINT
	Date qualified as committee	09 / 26 / 2016 Date qualified as committee (If applicable)	/		10: 39
1. Committee	Information	(ii approadis)	2. Treasurer and Ot	her Principal Officers	THENT
NAME OF COMMITTE	EE gh for Council 2016		NAME OF TREASURER	nei Filicipai Officers	
STREET ADDRESS ((NO P.O. BOX)		Jen Slater STREET ADDRESS (NO P.O. E	BOX)	
CITY	STATE	ZIP CODE AREA CODE/	/PHONE CITY	STATE ZIP CODE	AREA CODE/PHONE
MAILING ADDRESS (IF DIFFERENT)		NAIVIE OF ASSISTANT TREASU	RER, IF ANY	
FAX / E-MAIL ADDRE	ess		STREET ADDRESS (NO P.O. E	BOX)	
COUNTY OF DOMICE	LE JURISDICTION	WHERE COMMITTEE IS ACTIVE	CITY	STATE ZIP CODE	AREA CODE/PHONE
			NAME OF PRINCIPAL OFFICER(S)	
Attach additiona	l information on appropriately	labeled continuation sheets.	STREET ADDRESS (NO P.O. BO	DX)	
			CITY	STATE ZIP CODE	AREA CODE/PHONE
3. Verification I have used all rependity of perjury	asonable diligence in preparing under the laws of the State of	this statement and to the best California that the foregoing is t	of my knowledge the information conta	ained herein is true and complete. To	certify under
Executed on	9/28/2016 By	1) enst	ater		
Executed on	+ 9/28/16 By +	1 Shall I	GNATURE OF TREASURER OR ASSISTANT TREASURE		
Executed on	By		ROLLING OFFICEHOLDER, CANDIDATE, OR STATE ME		
Executed on	By		ROLLING OFFICEHOLDER, CANDIDATE, OR STATE ME		
	i	SIGNALURE OF CONTI	ROLLING OFFICEHOLDER, CANDIDATE, OR STATE ME.	ASURE PROPONENT	** *

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

STRUCTIONS ON REVERSE				CALIFORNIA 410
OMMITTEE NAME				Page 2 of 3
ichelle Brough for Council 2016				I.D. NUMBER
All committees must list the financial institution where the campaign b	pank account is located.		· · · · · · · · · · · · · · · · · · ·	1389180
NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUN	T NUMBER	
Bank of America				
ADDRESS	CITY	STATE	ZIP CODE	
 List the name of each controlling officeholder, candidate, or standistrict number, if any, and the year of the election. List the political party with which each officeholder or candidate 	is affiliated or check "nonpartisan."			e office sought or held, and
district number, it diffy, and the year of the election.	is affiliated or check "nonpartisan."			e office sought or held, and
List the political party with which each officeholder or candidate	is affiliated or check "nonpartisan."	r of the other conti		e office sought or held, and PAR TY
 List the political party with which each officeholder or candidate If this committee acts jointly with another controlled committee, 	is affiliated or check "nonpartisan." list the name and identification numbe	r of the other conti OR HELD APPLICABLE)	olled committee.	
 List the political party with which each officeholder or candidate If this committee acts jointly with another controlled committee, NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT 	is affiliated or check "nonpartisan." list the name and identification numbe ELECTIVE OFFICE SOUGHT (INCLUDE DISTRICT NUMBER IF	r of the other conti OR HELD APPLICABLE)	olled committee. YEAR OF ELECTION	PAR TY
List the political party with which each officeholder or candidate If this committee acts jointly with another controlled committee, NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT Michelle Brough	is affiliated or check "nonpartisan." list the name and identification numbe ELECTIVE OFFICE SOUGHT (INCLUDE DISTRICT NUMBER IF	r of the other conti	olled committee. YEAR OF ELECTION	PAR TY X Nonpartisan

SUPPORT

SUPPORT

OPPOSE

OPPOSE

Statement of Organization Recipient Committee

CALIFORNIA 410

INSTRUCTIONS ON REVERSE		
COMMITTEE NAME		Page 3 of 3
Michelle Brough for Council 2016		I.D. NUMBER 1389180
4. Type of Committee (Continued)		
General Purpose Committee Not formed to support or oppose specific candidate □ CITY Committee □ COUNTY Committee	es or measures in a single election. Check only one box: STATECommittee	
PROVIDE BRIEF DESCRIPTION OF ACTIVITY		
Sponsored Committee List additional sponsors on an attachment.		
NAME OF SPONSOR	INDUSTRY GROUP OR AFFILIATION OF SPONSOR	
STREET ADDRESS NO. AND STREET 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.