

RECEIVED

2020 JUL 30 PM 12:05

CITY OF DANA POINT  
CITY CLERK'S DEPARTMENT

CALIFORNIA FORM 410  
For Official Use Only

Statement of Organization  
Recipient Committee

Statement Type

☒ Initial

☐ Not yet qualified  
or

☒ Date qualification threshold met

07 / 13 / 2020

☐ Amendment

Date qualification threshold met

☐ Termination - See Part 5

Date of termination

1. Committee Information

I.D. Number  
(if applicable)

NAME OF COMMITTEE

FROST FOR DANA POINT CITY COUNCIL 2020

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

FULL MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)

COUNTY OF DOMICILE

JURISDICTION WHERE COMMITTEE IS ACTIVE

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

DIANA ORLANDO

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF PRINCIPAL OFFICERS

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

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.

Executed on 07/13/2020

DATE

By

Executed on 07/13/2020

DATE

By

Executed on

DATE

By

Executed on

DATE

By

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

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

FPPC Form 410 (August/2018)

FPPC Advice: [advice@fppc.ca.gov](mailto:advice@fppc.ca.gov) (866/275-3772)

[www.fppc.ca.gov](http://www.fppc.ca.gov)

Statement of Organization  
Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA  
FORM 410

COMMITTEE NAME FROST FOR DANA POINT CITY COUNCIL 2020	Page 2
	ID NUMBER

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION PACIFIC WESTERN BANK	AREA CODE / PHONE	BANK ACCOUNT NUMBER
ADDRESS		

**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 "nonpartisan." Stating "No party preference" is acceptable.
- 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 CHECK ONE		
MIKE FROST	CITY COUNCIL DISTRICT 4	2020	Nonpartisan	Partisan	(list political party below)
			<input checked="" type="checkbox"/> Nonpartisan	<input type="checkbox"/> Partisan	(list political party below)

**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) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
		SUPPORT	OPPOSE