Statement of Com	_	Date Stamp	CALIFORNIA 410			
Recipient Con Statement Type	Initial □	☐ Amendment	☑ Termination – See Part 5		For Official Use Only	
	O Not yet qualified			## O O 0000		
	or O Date qualification threshold met	Date qualification threshold met	Date of termination	JUL 2 8 2023		
		/	06 / 30 / 2023			
1. Committee lu	nformation I.D. Number		2. Treasurer and	Other Principal Officers	The control of the co	
NAME OF COMMITTEE			NAME OF TREASURER	and the control of t The control of the control of		The second secon
Joe Muller for C	City Council 2018		Lysa Ray			
	•		STREET ADDRESS (NO P.O. BOX)			
						,
STREET ADDRESS (NO P.C	D. BOX)		CITY	STATE	ZIP CODE AREA CODE/P	HONE
CITY	STATE ZIP (CODE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER	I, IF ANY		
			STREET ADDRESS (NO P.O. BOX)			
FULL MAILING ADDRESS	(IF DIFFERENT)		STREET ADDRESS (NO P.O. BOX)			
1ray E-MAIL ADDRESS (REQUI	RED) / FAX (OPTIONAL)		CITY	STATE	ZIP CODE AREA CODE/P	HONE
E MAIE RODIESO (NEGO)						
COUNTY OF DOMICILE	JURISDICTION WHERE CO	MMITTEE IS ACTIVE	NAME OF PRINCIPAL OFFICER(S)			
Orange County	City of Dana	Point				
	, <u>, , , , , , , , , , , , , , , , , , </u>		STREET ADDRESS (NO P.O. BOX)		-	
Attach additional	information on appropriately lab	neled continuation sheets.	CITY	STATE	ZIP CODE AREA CODE/	PHONE
Attach daditional	injoination on appropriately las	rerea communication sinceres.				
3. Verification		A 100 100 100 100 100 100 100 100 100 10				
I have used all r	easonable diligence in preparing	this statement and to the be	st of my knowledge the informa	tion contained herein is true	and complete. I certify und	der
penalty of perju	ary under the laws of the State of	California that the foregoing	is true and correct. Lysa f	Digitally signed by Lysa R		
Executed on	7/17/2023 By				-07'00'	
	DATE	2	SIGNATURE OF TREASURER OR ASSISTANT TREASU	RER		
Executed on	7/17/2023 B	SIGNATURE OF CON	TROLLING OFFICEHOLDER, CANDIDATE, OR STATE	MEASURE PROPONENT		
Evecuted on	P.v.	SIGNATURE OF GOA	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Executed on	DATE By	SIGNATURE OF CON	TROLLING OFFICEHOLDER, CANDIDATE, OR STATE	MEASURE PROPONENT		
Executed on	Ву					
	DATE	SIGNATURE OF COM	TROLLING OFFICEHOLDER, CANDIDATE, OR STATE	MEASURE PROPONENT	FPPC Form 410 (Au	gust/2018

FPPC Form 410 (August/2018)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Statement of Organization Recipient Committee		CALIFORNIA 410							
INSTRUCTIONS ON REVERSE		Page 2 of 3							
COMMITTEE NAME					1.	D. NUMBER			
Joe Muller for City Council 2018							1406117		
 All committees must list the financial institution where the campaign 	bank accoun	t is located.							
NAME OF FINANCIAL INSTITUTION	AREA CO	DDE/PHONE	BANK ACCOU	NT NUMBER					
Bank of America									
ADDRESS	CITY		STATE	ZIP	CODE				
 List the name of each controlling officeholder, candidate, or star district number, if any, and the year of the election. 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 	e is affiliated	or check "nonpartisan." Station me and identification number of ELECTIVE OFFICE SOUGHT OR HELD INCLUDE DISTRICT NUMBER IF APPLICAE	ng "No par of the othe	ty preferen	ce" is acceptal	ole.	ce sought or he		
Joe Muller	City Council Member City of Dana Point District 1			2018	X				
					Nonpartisan	Partisan	(list political party	below)	
Primarily Formed Committee Primarily formed to support or CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR L IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME	ETTER)	cific candidates or measures in CANDIDATE(S) OFFICE S (INCLUDE DISTRI	OUGHT OR HI	ELD OR MEASU	RE(S) JURISDICTION		CHECK	ONE OPPOSE	
						· ·	SUPPORT	OPPOSE	

Statement of Organization Recipient Committee

CALIFORNIA

INSTRUCTIONS ON REVERSE	Page 3 of 3
COMMITTEE NAME	I.D. NUMBER
Joe Muller for City Council 2018	1406117
4. Type of Committee (Continued)	
Not formed to support or oppose specific candidates or measures in a single election. Check only one box: CITY Committee	
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	AREA CODE/PHONE
Small Contributor Committee	

- 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.

CA410 TERM

Final Audit Report

2023-07-26

Created:

2023-07-26

By:

Lysa Ray

Status:

Signed

Transaction ID:

CBJCHBCAABAAk7mI1H2ZeFctTQxso_TxaS1Jv3s2_8Nx

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