

**Statement of Organization Recipient Committee**

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DANA POINT

Statement Type

<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Not yet qualified or <input type="checkbox"/> Date qualification threshold met 02 / 22 / 2022	<input type="checkbox"/> Amendment Date qualification threshold met ____ / ____ / ____	<input type="checkbox"/> Termination – See Part 5 Date of termination ____ / ____ / ____
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of the State of California

MAR 03 2022

**CALIFORNIA FORM 410**  
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**FILED**  
 MAR 15 2022  
 REGISTER OF VOTERS  
 Deputy

1. Committee Information		I.D. Number <small>(if applicable)</small>	2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE John Gabbard for Dana Point City Council 2022			NAME OF TREASURER Diana Mitchell			
STREET ADDRESS (NO P.O. BOX) [REDACTED]			STREET ADDRESS (NO P.O. BOX) [REDACTED]			
CITY [REDACTED]			CITY [REDACTED]			
STATE [REDACTED]			STATE [REDACTED]			
ZIP CODE [REDACTED]			ZIP CODE [REDACTED]			
AREA CODE/PHONE [REDACTED]			AREA CODE/PHONE [REDACTED]			
FULL MAILING ADDRESS (IF DIFFERENT)			NAME OF ASSISTANT TREASURER, IF ANY			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) [REDACTED]			STREET ADDRESS (NO P.O. BOX)			
COUNTY OF DOMICILE ORANGE		JURISDICTION WHERE COMMITTEE IS ACTIVE	CITY STATE ZIP CODE AREA CODE/PHONE			
Attach additional information on appropriately labeled continuation sheets.			NAME OF PRINCIPAL OFFICER(S)			
			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 that the information is true and complete.

Executed on 2/22/22 By [REDACTED]

Executed on 2/22/22 By [REDACTED] ASSISTANT TREASURER

Executed on \_\_\_\_\_ By \_\_\_\_\_ CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME  
John Gabbard for Dana Point City Council 2022

I.D. NUMBER

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

NAME OF FINANCIAL INSTITUTION  
CHASE BANK

AREA CODE/PHONE  
949-248-5160

BANK ACCOUNT NUMBER

ADDRESS

CITY

STATE

ZIP CODE

**4. Type of Committee** Complete the applicable sections.

**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		
John Gabbard	City Council District 1	2022	Nonpartisan <input checked="" type="checkbox"/>	Partisan	(list political party below)
			Nonpartisan	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