

DANA POINT

# Statement of Organization Recipient Committee

Statement Type

<input checked="" type="checkbox"/> Initial	<input type="checkbox"/> Amendment
<input type="checkbox"/> Not yet qualified or	
<input checked="" type="checkbox"/> Date qualification threshold met	Date qualification threshold met
08 / 07 / 2018	_____ / _____ / _____

Termination - See Part 5

Date of termination

12 / 31 / 2022

Date Stamp  
**RECEIVED AND FILED**  
 in the office of the Secretary of State  
 of the State of California  
**JAN 31 2023**

**CALIFORNIA FORM 410**  
 For Official Use Only  
**FILED**  
 FEB 07 2023

<b>1. Committee Information</b>	<b>I.D. Number</b> (if applicable) 1408286	<b>2. Treasurer and Other Principal Officers</b>
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NAME OF COMMITTEE  
Federico for City Council 2018

STREET ADDRESS (NO P.O. BOX)  
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE  
[REDACTED]

FULL MAILING ADDRESS (IF DIFFERENT)  
c/o Lysa Ray [REDACTED]

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)  
[REDACTED]

COUNTY OF DOMICILE Orange County	JURISDICTION WHERE COMMITTEE IS ACTIVE Dana Point
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NAME OF TREASURER  
Lysa Ray

STREET ADDRESS (NO P.O. BOX)  
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE  
[REDACTED]

NAME OF ASSISTANT TREASURER, IF ANY  
[REDACTED]

STREET ADDRESS (NO P.O. BOX)  
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE  
[REDACTED]

NAME OF PRINCIPAL OFFICER(S)  
[REDACTED]

STREET ADDRESS (NO P.O. BOX)  
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE  
[REDACTED]

Attach additional information on appropriately labeled continuation sheets.

### 3. Verification

I have used all reasonable diligence in preparing this statement. 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 correct.

Executed on 1/17/2023	By [REDACTED]	TREASURER OR ASSISTANT TREASURER
Executed on 1/17/2023	By [REDACTED]	CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on _____	By _____	SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on _____	By _____	SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPONENT







# CA410 term

Final Audit Report

2023-01-18

Created:	2023-01-17
By:	Lysa Ray (lysaray.campaignservices@gmail.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAA-bqqGUkQyfhJjFGc9hMgqP5KVx4CEwcl

## "CA410 term" History

-  Document created by Lysa Ray [redacted]  
2023-01-17 - 11:10:19 PM GMT- IP address: 107.184.179.25
-  Document emailed to [redacted] for signature  
2023-01-17 - 11:12:07 PM GMT
-  Email viewed by [redacted]  
2023-01-18 - 8:03:11 AM GMT- IP address: 104.28.85.129
-  Signer [redacted] entered name at signing as Jamey Federico  
2023-01-18 - 9:25:07 PM GMT- IP address: 107.77.228.85
-  Document e-signed by Jamey Federico [redacted]  
Signature Date: 2023-01-18 - 9:25:09 PM GMT - Time Source: server- IP address: 107.77.228.85
-  Agreement completed.  
2023-01-18 - 9:25:09 PM GMT

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME Federico for City Council 2018	I.D. NUMBER 1408286
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- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION Bank of America	AREA CODE/PHONE (714) 973-1000	BANK ACCOUNT NUMBER 325105619165
ADDRESS 3730 Bristol St	CITY Santa Ana	STATE CA
		ZIP CODE 92704

**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		(list political party below)
			CHECK ONE		
Jamey Federico	City Council Member City of Dana Point District 3	2018	Nonpartisan X	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

Statement of Organization  
Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA  
FORM 410

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COMMITTEE NAME

Federico for City Council 2018

I.D. NUMBER

1408286

4. Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

CITY Committee

COUNTY Committee

STATE 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

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.