

Statement of Organization  
Recipient Committee

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STATEMENT OF ORGANIZATION

Statement Type

Initial  
Not yet qualified  or

Amendment  
List I.D. number:

# \_\_\_\_\_

\_\_\_\_\_  
Date qualified as committee

Termination - See Part 5  
List I.D. number:

# \_\_\_\_\_

\_\_\_\_\_  
Date of Termination

\_\_\_\_\_  
Date qualified as committee  
(If applicable)

RECEIVED AND FILED  
in the office of the Secretary of State  
of the State of California  
JUL 10 2007  
DEBRA BOWEN  
Secretary of State

CALIFORNIA FORM 410  
For Official Use Only

1. Committee Information

NAME OF COMMITTEE

Ethics Matters. Recall Diane Harkey.

STREET ADDRESS (NO P.O. BOX)

32302 Camino Capistrano #214

CITY	STATE	ZIP CODE	AREA CODE/PHONE
San Juan Capistrano	CA	92675	949 496-6363

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE

Orange

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT  
THAN COUNTY OF DOMICILE

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Barrett Garcia

STREET ADDRESS

32302 Camino Capistrano #214

CITY	STATE	ZIP CODE	AREA CODE/PHONE
San Juan Capistrano	CA	92675	949 496-6363

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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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 foregoing is true and correct.

Executed on 7-5-07  
DATE

Executed on \_\_\_\_\_  
DATE

Executed on \_\_\_\_\_  
DATE

Executed on \_\_\_\_\_  
DATE

By   
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

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

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

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

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COMMITTEE NAME

Ethics Matters. Recall Diane Harkey.

I.D. NUMBER

**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 "non-partisan."
- 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
			<input type="checkbox"/> Non-Partisan
			<input type="checkbox"/> Non-Partisan

- List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER

  

ADDRESS	CITY	STATE	ZIP CODE

**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)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
Diane Harkey	Dana Point City Council Memeber		<input checked="" type="checkbox"/>
		SUPPORT	OPPOSE

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COMMITTEE NAME

Ethics Matters. Recall Diane Harkey.

I.D. NUMBER

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

**Small Contributor Committee**

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date qualified

Check box and provide the date this committee qualified as a small contributor committee. If the committee qualified as a small contributor committee on January 1, 2001, enter 1/1/01.

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.