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of the State of California

FEB 18 2025

Dana Point

Statement of Organization  
Recipient Committee

Statement Type

☐ Initial

☐ Not yet qualified  
or

☐ Date qualification threshold met

☒ Amendment

Date qualification threshold met

☐ Termination - See Part 5

Date of termination

Date Stamp

CALIFORNIA  
FORM 410

For Official Use Only

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4mc

1. Committee Information		I.D. Number	2. Treasurer and Other Principal Officers	
NAME OF COMMITTEE		(If applicable)	NAME OF TREASURER	
John Gabbard for Dana Point City Council 2022		1445612	Diana Mitchell	
STREET ADDRESS (NO P.O. BOX)			STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE	
CITY STATE ZIP CODE AREA CODE/PHONE			EMAIL ADDRESS OF TREASURER (REQUIRED) AREA CODE/PHONE	
FULL MAILING ADDRESS (IF DIFFERENT)			NAME OF ASSISTANT TREASURER, IF ANY	
			STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE	
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)			EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED) AREA CODE/PHONE	
COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE		NAME OF PRINCIPAL OFFICER(S)	
Orange			STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE	
			EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED) AREA CODE/PHONE	
Attach additional information on appropriately labeled continuation sheets.				
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 02/10/25 By [Signature]  
DATE  
OR ASSISTANT TREASURER  
Executed on 02/06/25 By [Signature]  
DATE  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT  
Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT  
Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

# Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

**CALIFORNIA  
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COMMITTEE NAME

John Gabbard for Dana Point City Council 2022

I.D. NUMBER

1445612

- All committees must list the financial institution where the campaign bank account is located and the person(s) authorized to obtain bank records.

NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RECORDS

Chase Bank

AREA CODE/PHONE

949-248-5160

BANK ACCOUNT NUMBER

ADDRESS OF FINANCIAL INSTITUTION

5 Monarch Plaza

CITY

Dana Point

STATE

CA

ZIP CODE

92629

## 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	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