

**Statement of Organization  
Recipient Committee**

Statement Type

Initial

Not yet qualified  or

2 / 1 / 2012  
Date qualified as committee

Amendment

List I.D. number:

# \_\_\_\_\_

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

Termination - See Part 5

List I.D. number:

# 1344277

aug / 11 / 2014  
Date of Termination

Date Stamp

CALIFORNIA FORM 410

For Official Use Only

CITY OF DANA POINT

2014 AUG 11 P 2:48

RECEIVED  
CITY CLERK'S DEPARTMENT

**1. Committee Information**

NAME OF COMMITTEE

Norm Denton for City Council 2014

STREET ADDRESS (NO P.O. BOX)

[Redacted]

CITY STATE ZIP CODE AREA CODE/PHONE

[Redacted]

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS

[Redacted]

COUNTY OF DOMICILE

Orange County

JURISDICTION WHERE COMMITTEE IS ACTIVE

City of Dana Point

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER

May Belsby

STREET ADDRESS (NO P.O. BOX)

[Redacted]

CITY STATE ZIP CODE AREA CODE/PHONE

[Redacted]

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

Attach additional information on appropriately labeled continuation sheets.

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 8/11/2014 By \_\_\_\_\_  
DATE

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 8/11/2014 By \_\_\_\_\_  
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