

**Statement of Organization  
Recipient Committee**

Type or print in ink

STATEMENT OF ORGANIZATION

Statement Type  Initial  
 Not yet qualified  or  
08/29/2007  
 Date qualified as committee

Amendment  
 List I.D. number:  
 # \_\_\_\_\_  
 \_\_\_\_\_  
 Date qualified as committee  
 (if applicable)

Termination - See Part 5  
 List I.D. number:  
 # 1300333  
12/31/2007  
 Date of Termination

Date Stamp	<b>CALIFORNIA FORM 410</b>
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**1. Committee Information**

NAME OF COMMITTEE  
 Citizens for Mayor Diane Harkey-Stop the Recall

STREET ADDRESS (NO P.O. BOX)  
 24843 Del Prado #284

CITY STATE ZIP CODE AREA CODE/PHONE  
 Dana Point, CA 92629 714-540-2295

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE Orange	COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE Orange
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**2. Treasurer and Other Principal Officers**

NAME OF TREASURER  
 Lysa Ray

STREET ADDRESS  
 603 E Alton Ave Suite H

CITY STATE ZIP CODE AREA CODE/PHONE  
 Santa Ana, CA 92705 714-540-2295

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

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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 that the foregoing is true and correct.

Executed on 1/10/08  
 Executed on 1/15/08  
 Executed on \_\_\_\_\_  
 Executed on \_\_\_\_\_

By Lysa Ray  
 SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By [Signature]  
 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