

**Statement of Organization  
Recipient Committee**

Type or print in ink

STATEMENT OF ORGANIZATION

Statement Type  Initial  
Not yet qualified  or

**Amendment**  
List I.D. number:  
# 1288340

**Termination – See Part 5**  
List I.D. number:  
# \_\_\_\_\_

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

9 / 19 / 2006  
Date qualified as committee  
(If applicable)

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

Date Stamp	<b>CALIFORNIA FORM 410</b>
RECEIVED 2009 MAY 26 P 1:30 CITY OF DANA POINT	
For Official Use Only	

**1. Committee Information**

NAME OF COMMITTEE  
Weinberg for Dana Point City Council 2010

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STREET ADDRESS (NO P.O. BOX)  
34145 Pacific Coast Highway, # 723

CITY STATE ZIP CODE AREA CODE/PHONE  
Dana Point CA 92629

MAILING ADDRESS (IF DIFFERENT)

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OPTIONAL: FAX / E-MAIL ADDRESS  
949.493.6370 /Steven@PeddlerStore.com

COUNTY OF DOMICILE Orange	COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE
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Attach additional information on appropriately labeled continuation sheets.

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER  
Robert Palmer

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STREET ADDRESS  
33022 Daniel Drive

CITY STATE ZIP CODE AREA CODE/PHONE  
Dana Point CA 92629

NAME OF ASSISTANT TREASURER, IF ANY

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STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

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

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MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

**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 5/22/09  
DATE

Executed on 5/22/09  
DATE

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

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

By [Signature]  
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

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INSTRUCTIONS ON REVERSE

COMMITTEE NAME Weinberg for Dana Point City Council 2010	I.D. NUMBER 1288340
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**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
Steven H. Weinberg	City of Dana Point City Council	2010	<input checked="" 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 Union Bank of California	AREA CODE/PHONE 949.496.1293	BANK ACCOUNT NUMBER 0470041587
ADDRESS 34177 Pacific Coast Highway	CITY Dana Point CA	STATE ZIP CODE 92629

**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