

**Statement of Organization
Recipient Committee**

Statement Type

<input checked="" type="checkbox"/> Initial	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination - See Part 5
<input checked="" type="checkbox"/> Not yet qualified or		
<input type="checkbox"/> Date qualification threshold met	Date qualification threshold met	Date of termination
____/____/____	____/____/____	____/____/____

Date Stamp
*Received in the
City Clerk's Office
on August 4, 2020*

**CALIFORNIA
FORM 410**

For Official Use Only

1. Committee Information	I.D. Number (if applicable)	2. Treasurer and Other Principal Officers
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NAME OF COMMITTEE
MIKE FAIR

STREET ADDRESS (NO P.O. BOX)
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE
LAGUNA NIGUEL, CA. 92677 [REDACTED]

FULL MAILING ADDRESS (IF DIFFERENT)
[REDACTED]

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)
mhfair@yahoo.com

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
ORANGE LAGUNA NIGUEL, CA.

NAME OF TREASURER
MIKE FAIR

STREET ADDRESS (NO P.O. BOX)
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE
LAGUNA NIGUEL, CA. 92677 [REDACTED]

NAME OF ASSISTANT TREASURER, IF ANY
DIANE BERRY

STREET ADDRESS (NO P.O. BOX)
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE
LAGUNA NIGUEL, CA. 92677 [REDACTED]

NAME OF PRINCIPAL OFFICER(S)
MIKE FAIR

STREET ADDRESS (NO P.O. BOX)
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE
LAGUNA NIGUEL, CA. 92677 [REDACTED]

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 8/10/2020 By *Mike Fair*
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 8/10/2020 By *Mike Fair*
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

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INSTRUCTIONS ON REVERSE

Page 2

I.D. NUMBER

COMMITTEE NAME

MIKE FAIR

• All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION

BANK OF AMERICA

AREA CODE/PHONE

[REDACTED]

BANK ACCOUNT NUMBER

[REDACTED]

ADDRESS

CITY

STATE

ZIP CODE

[REDACTED]

LAGUNA NIGUEL, CA.

92677

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		(list political party below)
			Nonpartisan	Partisan	
MIKE FAIR	CITY COUNCIL MEMBER	2020	<input type="checkbox"/>	<input checked="" type="checkbox"/>	REPUBLICAN
			<input type="checkbox"/>	<input type="checkbox"/>	(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
MIKE FAIR	CITY COUNCIL MEMBER LAGUNA NIGUEL, CA. 92677	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	ORANGE COUNTY CA.	<input type="checkbox"/>	<input type="checkbox"/>