

**Statement of Organization  
Recipient Committee**

Statement Type

<input checked="" type="checkbox"/> Initial	<input checked="" 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 September 9, 2020*

**CALIFORNIA FORM 410**  
For Official Use Only

**1. Committee Information**

I.D. Number (if applicable) **1429985**

NAME OF COMMITTEE

**MIKE FAIR FOR CITY COUNCIL 2020**

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

**LAGUNA NIGUEL, CA, 92679**

FULL MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)

**mfair@yahoo.com**

COUNTY OF DOMICILE

JURISDICTION WHERE COMMITTEE IS ACTIVE

**ORANGE**

**LAGUNA NIGUEL, CA.**

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER

**MIKE FAIR**

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

**LAGUNA NIGUEL, CA. 92679**

NAME OF ASSISTANT TREASURER, IF ANY

**DIANE BERRY**

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

**LAGUNA NIGUEL CA. 92679**

NAME OF PRINCIPAL OFFICER(S)

**MIKE FAIR**

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

**LAGUNA NIGUEL, CA. 92679**

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 9/8/2020 By Mike Fair  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 9/8/2020 By Mike Fair  
DATE SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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INSTRUCTIONS ON REVERSE

COMMITTEE NAME  
**MIKE FAIR FOR City Council 2020**

J.D. NUMBER

- 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  
[REDACTED]

CITY  
**LAGUNA NIGUEL, CA.**

STATE  
**CA.**

ZIP CODE  
**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	
<b>MIKE FAIR</b>	<b>City Council Member</b>	<b>2020</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>REPUBLICAN</b>
			<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
<b>MIKE FAIR</b>	<b>CITY COUNCIL MEMBER LAGUNA NIGUEL, CA. 92677 ORANGE COUNTY CA.</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>