

**Statement of Organization
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial	<input type="checkbox"/> Amendment	<input checked="" type="checkbox"/> Termination – See Part 5
<input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met	Date qualification threshold met	Date of termination
____/____/____	____/____/____	<u>02, 28, 2021</u>

Date Stamp	CALIFORNIA FORM 410
2021 02 28 PM 1:12	For Official Use Only
CITY OF LAGUNA NIGUEL	

1. Committee Information		2. Treasurer and Other Principal Officers	
I.D. Number (if applicable) <u>1429985</u>		NAME OF TREASURER <u>MIKE FAIR</u>	
NAME OF COMMITTEE <u>MIKE FAIR FOR LAGUNA NIGUEL CITY COUNCIL</u>		STREET ADDRESS (NO P.O. BOX) [REDACTED]	
STREET ADDRESS (NO P.O. BOX) [REDACTED]		CITY STATE ZIP CODE AREA CODE/PHONE <u>LAGUNA NIGUEL CA. 92677</u> [REDACTED]	
CITY STATE ZIP CODE AREA CODE/PHONE <u>LAGUNA NIGUEL, CA. 92677</u> [REDACTED]		NAME OF ASSISTANT TREASURER, IF ANY <u>DIANE BERRY</u>	
FULL MAILING ADDRESS (IF DIFFERENT) <u>N/A</u>		STREET ADDRESS (NO P.O. BOX) [REDACTED]	
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) [REDACTED]		CITY STATE ZIP CODE AREA CODE/PHONE <u>LAGUNA NIGUEL CA. 92677</u> [REDACTED]	
COUNTY OF DOMICILE <u>ORANGE</u>	JURISDICTION WHERE COMMITTEE IS ACTIVE <u>DISTRICT 5</u>	NAME OF PRINCIPAL OFFICER(S) <u>N/A</u>	
Attach additional information on appropriately labeled continuation sheets.		STREET ADDRESS (NO P.O. BOX)	
		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 1/28/2021 By Michael A. Fair
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 1/28/2021 By Michael A. 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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COMMITTEE NAME MIKE FAIR FOR CITY COUNCIL LAGUNA NIGUEL	I.D. NUMBER 1429985
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All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION BANK OF AMERICA	AREA CODE/PHONE (949) 952-4200	BANK ACCOUNT NUMBER [REDACTED]
ADDRESS [REDACTED]	CITY LAGUNA NIGUEL, CA.	STATE ZIP CODE [REDACTED]

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)
MIKE FAIR	CITY COUNCIL MEMBER LAGUNA NIGUEL / DISTRICT 5	2020	Nonpartisan	<input checked="" type="checkbox"/> Partisan	REPUBLICAN
			Nonpartisan	Partisan	(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	
[REDACTED]	[REDACTED]	SUPPORT <input checked="" type="checkbox"/>	OPPOSE <input type="checkbox"/>
[REDACTED]	[REDACTED]	SUPPORT <input checked="" type="checkbox"/>	OPPOSE <input type="checkbox"/>

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COMMITTEE NAME

MIKE FAIR FOR City Council - LAGUNA NIGUEL, CA.

4. Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:
 CITY Committee COUNTY Committee STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

MIKE FAIR FOR City Council Member - LAGUNA NIGUEL

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Small Contributor Committee

_____/_____/_____

Date qualified

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or ponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
 - There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
 - Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.