



**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

**CALIFORNIA FORM 410**

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|  |                               |                                   |                   |
|--|-------------------------------|-----------------------------------|-------------------|
| COMMITTEE NAME<br>ODDO FOR CITY COUNCIL 2026   | I.D. NUMBER<br>1439662        |                                   |                   |
| <ul style="list-style-type: none"> <li>• All committees must list the financial institution where the campaign bank account is located and the person(s) authorized to obtain bank records.</li> </ul> |                               |                                   |                   |
| NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RECORDS<br>California Bank & Trust   | AREA CODE/PHONE<br>[REDACTED] | BANK ACCOUNT NUMBER<br>[REDACTED] |                   |
| ADDRESS OF FINANCIAL INSTITUTION<br>[REDACTED]   | CITY<br>Los Angeles           | STATE<br>CA                       | ZIP CODE<br>90071 |

**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<br>(INCLUDE DISTRICT NUMBER IF APPLICABLE) | YEAR OF<br>ELECTION | PARTY<br>CHECK ONE                                 |                                      |
|--|---|---------------------|--|--------------------------------------|
| Stephanie Oddo   | Council Member, City of Laguna Niguel Dist. 4                             | 2026                | Nonpartisan<br><input checked="" type="checkbox"/> | Partisan<br><input type="checkbox"/> |
|  |   |                     | Nonpartisan<br><input type="checkbox"/>            | Partisan<br><input type="checkbox"/> |

**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)<br>IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME. | CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION<br>(INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE) | CHECK ONE                           |                                    |
|---|--|-------------------------------------|------------------------------------|
|   |  | SUPPORT<br><input type="checkbox"/> | OPPOSE<br><input type="checkbox"/> |
|   |  | SUPPORT<br><input type="checkbox"/> | OPPOSE<br><input type="checkbox"/> |

# Statement of Organization Recipient Committee

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I.D. NUMBER

COMMITTEE NAME

## 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

### 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, orponent 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.