

Laguna Niguel

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Statement of Organization  
Recipient Committee

Statement Type

<input type="checkbox"/> Initial	<input checked="" type="checkbox"/> Amendment	<input type="checkbox"/> Termination – See Part 5
<input type="radio"/> Not yet qualified or	Date qualification threshold met	
<input type="radio"/> Date qualification threshold met	Date qualification threshold met 07 / 01 / 2021	
		Date of termination _____ / _____ / _____

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Date Stamp

CALIFORNIA  
FORM 410

For Official Use Only

JAN 16 2025

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DIGITALLY  
RECEIVED AND FILED  
in the office of the California  
Secretary of State  
JAN 07 2025

1. Committee Information

I.D. Number  
(if applicable)

1439662

NAME OF COMMITTEE

ODDO FOR CITY COUNCIL 2026

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE  
Fullerton CA 92835 \_\_\_\_\_

FULL MAILING ADDRESS (IF DIFFERENT)

Laguna Niguel, CA 92677

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

COUNTY OF DOMICILE  
Orange County

JURISDICTION WHERE COMMITTEE IS ACTIVE  
City of Laguna Niguel

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	01/07/2025	DATE	By _____	SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on	01/06/2025	DATE	By _____	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPO
Executed on	_____	DATE	By _____	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPO
Executed on	_____	DATE	By _____	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPO

25 JAN 27 PM 4:47  
BY OF LAGUNA NIGUEL

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

**CALIFORNIA  
FORM 410**

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I.D. NUMBER  
1439662

COMMITTEE NAME  
ODDO FOR CITY COUNCIL 2026

- All committees must list the financial institution where the campaign bank account is located and the person(s) authorized to obtain bank records.

NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RECORDS	AREA CODE/PHONE	BANK ACCOUNT NUMBER	
Pacific Premier Bank / Stephanie Oddo	[REDACTED]	[REDACTED]	
ADDRESS OF FINANCIAL INSTITUTION	CITY	STATE	ZIP CODE
[REDACTED]	Fullerton	CA	92832

**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		
Stephanie Oddo	Council Member, City of Laguna Niguel Dist. 4	2026	<input checked="" type="checkbox"/> Nonpartisan	<input type="checkbox"/> Partisan	(list political party below)
			<input type="checkbox"/> Nonpartisan	<input type="checkbox"/> 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]	<input type="checkbox"/> SUPPORT	<input type="checkbox"/> OPPOSE
[REDACTED]	[REDACTED]	<input type="checkbox"/> SUPPORT	<input type="checkbox"/> OPPOSE