

**Statement of Organization  
Recipient Committee**

Statement Type

Initial

Not yet qualified  or

Amendment

List I.D. number:

# 1288340

09 / 19 / 2006

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date qualified as committee

Date qualified as committee  
(If applicable)

Termination – See Part 5

List I.D. number:

# \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Termination

Date Stamp	<b>CALIFORNIA FORM 410</b>
CITY OF DANA POINT	For Official Use Only
2015 JAN 15 A 11:08	
RECEIVED CITY CLERK'S DEPARTMENT	

**1. Committee Information**

NAME OF COMMITTEE

Weinberg for Dana Point City Council-2016

STREET ADDRESS (NO P.O. BOX)

\_\_\_\_\_

CITY STATE ZIP CODE AREA CODE/PHONE

\_\_\_\_\_

MAILING ADDRESS (IF DIFFERENT)

\_\_\_\_\_

FAX / E-MAIL ADDRESS

\_\_\_\_\_

COUNTY OF DOMICILE

JURISDICTION WHERE COMMITTEE IS ACTIVE

Orange

Orange

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER

Steven Weinberg

STREET ADDRESS (NO P.O. BOX)

\_\_\_\_\_

CITY STATE ZIP CODE AREA CODE/PHONE

\_\_\_\_\_

NAME OF ASSISTANT TREASURER, IF ANY

\_\_\_\_\_

STREET ADDRESS (NO P.O. BOX)

\_\_\_\_\_

CITY STATE ZIP CODE AREA CODE/PHONE

\_\_\_\_\_

NAME OF PRINCIPAL OFFICER(S)

\_\_\_\_\_

STREET ADDRESS (NO P.O. BOX)

\_\_\_\_\_

CITY STATE ZIP CODE AREA CODE/PHONE

\_\_\_\_\_

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 1/15/2015 By [Signature]  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 1/15/2015 By [Signature]  
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

**CALIFORNIA  
FORM 410**

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COMMITTEE NAME

Weinberg for Dana Point City Council-2016

I.D. NUMBER

1288340

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

NAME OF FINANCIAL INSTITUTION <b>Union Bank</b>	AREA CODE/PHONE <b>(800)238-4486</b>	BANK ACCOUNT NUMBER [REDACTED]
ADDRESS [REDACTED]	CITY [REDACTED]	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."
- 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
Steven Weinberg	Dana Point City Council	2016	<input checked="" type="checkbox"/> Nonpartisan
			<input type="checkbox"/> Nonpartisan

**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)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>