

**Statement of Organization
Recipient Committee**

Type or print in ink

Statement Type

Initial
Not yet qualified or

Date qualified as committee

Amendment
List I.D. number:

Date qualified as committee
(If applicable)

Termination - See Part 5
List I.D. number:

1245474

6 / 29 / 07
Date of Termination

Postmarked 7/31/07

Date Stamp
K. Ward

RECEIVED

2007 AUG -3 A 10:00

CITY OF DANA POINT

STATEMENT OF ORGANIZATION
CALIFORNIA FORM 410
For Official Use Only

1. Committee Information

NAME OF COMMITTEE

Jim Lacy for City Council

STREET ADDRESS (NO P.O. BOX)

14 Monarch Bay Plaza, #111

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Dana Point, CA		92629	949-495-3314

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE

Orange

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Daralyn E. Reed

STREET ADDRESS

504 Hillcrest Drive

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Yreka, CA		96097	530-842-1365

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE

MAILING ADDRESS

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 7/18/07 DATE

Executed on 7/24/07 DATE

Executed on _____ DATE

Executed on _____ DATE

By Daralyn E. Reed SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Daralyn E. Reed

By James V. Lacy SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
James V. Lacy

By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Statement of Organization Recipient Committee

STATEMENT OF ORGANIZATION

**CALIFORNIA
FORM 410**

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME
Jim Lacy for City Council

I.D. NUMBER
1245474

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 "non-partisan."
- 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
James V. Lacy	City Council Member Dana Point District	2006	<input checked="" type="checkbox"/> Non-Partisan
			<input type="checkbox"/> Non-Partisan

- List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER

ADDRESS	CITY	STATE	ZIP CODE

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

FPPC Form 410 (Jan/05)

FPPC Toll-Free Helpline: 866/ASK-FPPC