

**Statement of Organization
Independent Committee**

Type or print in ink

Statement Type Initial
Not yet qualified or

Amendment
List I.D. number:

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

1245422

Date qualified as committee

Date qualified as committee
(if applicable)

Date of Termination
6 / 30 / 06

Date Stamp	STATEMENT OF ORGANIZATION CALIFORNIA FORM 410 For Official Use Only RECEIVED 2006 AUG -7 P 2:32
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1. Committee Information

NAME OF COMMITTEE
Friends of Russ Chilton

STREET ADDRESS (NO P.O. BOX)
34172 Chula Vista Ave.

CITY STATE ZIP CODE AREA CODE/PHONE
Dana Point CA 92629 949 661-3422

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 Dr.

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 7/24/06 DATE

Executed on 7/31/06 DATE

Executed on _____ DATE

Executed on _____ DATE

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

By *Russell S. Chilton*
Russell S. Chilton SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROponent

By _____
SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROponent

By _____
SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROponent

**Statement of Organization
Recipient Committee**

STATEMENT OF ORGANIZATION
CALIFORNIA
FORM **410**
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INSTRUCTIONS ON REVERSE

COMMITTEE NAME
Friends of Russ Chilton

4. Type of Committee Complete the applicable sections.

Control of 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
Russell S. Chilton	Member, Dana Point City Council	2002	<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
Bank of America	949 837-3482	10778-05499
ADDRESS	CITY	STATE ZIP CODE
24901 Del Prado Ave.	Dana Point	CA 92629

Primary Focus of 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