

**Statement of Organization
Recipient Committee**

Type or print in Ink

STATEMENT OF ORGANIZATION

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:
1266370
12 / 30 / 05
Date of Termination

Date Stamp	CALIFORNIA FORM 410 <small>For Official Use Only</small>
RECEIVED	
2006 FEB -3 P 1:16	

1. Committee Information

NAME OF COMMITTEE
JOE SNYDER FOR CITY COUNCIL

STREET ADDRESS (NO RO. BOX)
35228 Camino Capistrano

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Capistrano Beach	CA	92624	949 487-5288

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE	COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE
Orange	

Attach additional information on appropriately labeled continuation sheets.

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

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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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 1/18/06
DATE

Executed on 1/30/06
DATE

Executed on 01/30/06
DATE

Executed on _____
DATE

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

By Joseph D. Snyder
Joseph D. Snyder SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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

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

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CALIFORNIA **410**
FORM

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

JOE SNYDER FOR CITY COUNCIL

I.D. NUMBER

1266370

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
Joseph D. Snyder	City Council, Dana Point	2004	<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	530 842-0518		
ADDRESS	CITY	STATE	ZIP CODE
200 S. Broadway	Yreka	CA	96097

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