Statement of Organization Recipient Committee

Statement Type  ☑ Initial
Not yet qualified ☐ or

☐ Amendment
List I.D. number:
#

☐ Termination – See Part 5
List I.D. number:
#

Date qualified as committee
/
/
Date qualified as committee (if applicable)
/
/
Date of Termination
/
/

1. Committee Information
NAME OF COMMITTEE
Diane Dixon for City Council 2014

STREET ADDRESS (NO P.O. BOX):
3419 Via Lido #197
CITY
Newport Beach, CA 92663
STATE
ZIP CODE
949-287-3211
AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT):
603 E Alton Ave STE H
Santa Ana, CA 92705
CITY
STATE
ZIP CODE
AREA CODE/PHONE

FAX / E-MAIL ADDRESS
lyseray.campaigntservices@gmail.com

COUNTY OF DOMICILE
Orange
JURISDICTION WHERE COMMITTEE IS ACTIVE
Orange

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers
NAME OF TREASURER
Lyse Ray

STREET ADDRESS (NO P.O. BOX):
603 E Alton Ave STE H
CITY
Santa Ana, CA 92705
STATE
ZIP CODE
714-540-2295
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

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 11/22/13
By
Signature of Treasurer or Assistant Treasurer

Executed on 12/4/13
By
Signature of Controlling Officer, Candidate, or State Measure Proponent

Executed on
By
Signature of Controlling Officer, Candidate, or State Measure Proponent

Executed on
By
Signature of Controlling Officer, Candidate, or State Measure Proponent

FPPC Form 410 (Dec/2012)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
Statement of Organization  
Recipient Committee  
INSTRUCTIONS ON REVERSE  

COMMITTEE NAME:  
Diane Dixon for City Council 2014  

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

<table>
<thead>
<tr>
<th>NAME OF FINANCIAL INSTITUTION</th>
<th>AREA CODE/PHONE</th>
<th>BANK ACCOUNT NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

ADDRESS  
CITY  STATE  ZIP CODE  

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.  

<table>
<thead>
<tr>
<th>NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROONENT</th>
<th>ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)</th>
<th>YEAR OF ELECTION</th>
<th>PARTY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diane Dixon</td>
<td>Newport Beach City Council Member</td>
<td>2014</td>
<td>Nonpartisan</td>
</tr>
</tbody>
</table>

**Primarily Formed Committee**  Primarily formed to support or oppose specific candidates or measures in a single election. List below:  

<table>
<thead>
<tr>
<th>CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)</th>
<th>CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURES(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)</th>
<th>CHECK ONE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>SUPPORT</td>
<td></td>
</tr>
</tbody>
</table>

FPPC Form 410 (Dec/2012)  
FPPC Advice: advice@fppc.ca.gov (856/275-3772)  
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Statement of Organization
Recipient Committee

GENERAL PURPOSE COMMITTEE
Not formed to support or oppose specific candidates or measures in a single election. Check only one box:
☐ CITY Committee  ☐ COUNTY Committee  ☐ STATE Committee

SPONSORED COMMITTEE
List additional sponsors on an attachment.

NAME OF SPONSOR
INDUSTRY GROUP OR AFFILIATION OF SPONSOR
STREET ADDRESS
NO. AND STREET
CITY
STATE
ZIP CODE

SMALL CONTRIBUTOR COMMITTEE
☐

TERMINATION REQUIREMENTS
By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.

-- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.

-- Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.