### Statement of Organization

**Recipient Committee**

**Statement Type**
- ☑ Initial
- Not yet qualified
- □ Amendment
- □ Termination – See Part 5

**Statement Details**
- 05/23/2014: Date qualified as committee
- # __________________: Date qualified as committee (if applicable)
- # __________________: Date of termination

### 1. Committee Information

**NAME OF COMMITTEE**
- Duffy Duffyfield for City Council 2014

**STREET ADDRESS (NO P.O. BOX)**
- 2001 West Coast Hwy

**CITY**
- Newport Beach, CA

**ZIP CODE**
- 92663

**AREA CODE/PHONE**
- 949-645-6811

**MAILING ADDRESS (IF DIFFERENT)**
- 603 E Alton Ave STE H
- Santa Ana, CA 92705

**FAX / EMAIL ADDRESS**
- duffyduffyboats.com/lysa-ray.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**
- Lysa Ray

**STREET ADDRESS (NO P.O. BOX)**
- 603 E Alton Ave STE H
- Santa Ana, CA 92705

**CITY**
- Santa Ana

**STATE**
- CA

**ZIP CODE**
- 92705

**AREA CODE/PHONE**
- 714-540-2295

**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**
- 05/23/2014

**By**
- [Signature]

**DATE**

**SIGNATURE OF TREASURER OR ASSISTANT TREASURER**

**Executed on**
- 05/23/2014

**By**
- [Signature]

**DATE**

**SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROponent**

**Executed on**

**By**
- [Signature]

**DATE**

**SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROponent**

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**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
Duffy Duffy 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>Bank of America</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 PROPONENT</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>Marshall Duffy Duffy</td>
<td>District 3 City of 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 MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)</th>
<th>CHECK ONE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>SUPPORT</td>
</tr>
<tr>
<td></td>
<td></td>
<td>OPPOSE</td>
</tr>
</tbody>
</table>
4. **Type of Committee (Continued)**

**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  
- [x] STATE Committee

**Provide brief description of activity**

**Sponsored Committee**
List additional sponsors on an attachment.

**Industry group or affiliation of sponsor**

**Street Address**
NO AND STREET  
CITY  
STATE  
ZIP CODE

**Small Contributor Committee**

- [ ] Date qualified

5. **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.