

**Statement of Organization
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination – See Part 5
<input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met	Date qualification threshold met ____/____/____	Date of termination <u>3, 21, 20</u>

Date Stamp
RECEIVED
SENDY PEREZ, COUNTY CLERK
MAR 01 2021
BY: [Signature] DEPUTY

CALIFORNIA FORM 410
For Official Use Only

1. Committee Information		I.D. Number (if applicable)		2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE <u>Elect Bill Irvine</u>		<u>N/A</u>		NAME OF TREASURER			
STREET ADDRESS (NO P.O. BOX)				STREET ADDRESS (NO P.O. BOX)			
CITY <u>ORLANDO</u>		STATE <u>CA</u>		ZIP CODE <u>95963</u>		AREA CODE/PHONE	
FULL MAILING ADDRESS (IF DIFFERENT)				NAME OF ASSISTANT TREASURER, IF ANY <u>[Signature]</u>			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)				STREET ADDRESS (NO P.O. BOX)			
COUNTY OF DOMICILE		JURISDICTION WHERE COMMITTEE IS ACTIVE		CITY		STATE ZIP CODE AREA CODE/PHONE	
Attach additional information on appropriately labeled continuation sheets.				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 the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the information

Executed on 3/4/20 By _____
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

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

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

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

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INSTRUCTIONS ON REVERSE

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COMMITTEE NAME <i>Elect Bill FARA</i>		I.D. NUMBER	
<ul style="list-style-type: none"> All committees must list the financial institution where the campaign bank account is located. 			
NAME OF FINANCIAL INSTITUTION <i>None</i>	AREA CODE/PHONE	BANK ACCOUNT NUMBER	
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." Stating "No party preference" is acceptable
- 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 CHECK ONE		
	<i>[Signature]</i>		<input type="checkbox"/> Nonpartisan	<input type="checkbox"/> Partisan	(list political party below)
	<i>[Signature]</i>		<input type="checkbox"/> Nonpartisan	<input type="checkbox"/> Partisan	(list political party below)

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) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		<input type="checkbox"/> SUPPORT	<input type="checkbox"/> OPPOSE
		<input type="checkbox"/> SUPPORT	<input type="checkbox"/> OPPOSE