

**Statement of Organization
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial	<input type="checkbox"/> Amendment	<input checked="" 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
____/____/____	____/____/____	01 / 25 / 2021

Date Stamp
RECEIVED
JAN 29 2021
CITY OF ALISO VIEJO

CALIFORNIA FORM 410
For Official Use Only

1. Committee Information				I.D. Number (if applicable)				2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE MIKE WINGER FOR COUNCIL				NAME OF TREASURER EDWARD BEYER				STREET ADDRESS (NO P.O. BOX) [REDACTED]			
STREET ADDRESS (NO P.O. BOX) [REDACTED]				CITY SAN JUAN CAPISTRANO				STATE CA			
CITY SAN JUAN CAPISTRANO				STATE CA				ZIP CODE 92675			
FULL MAILING ADDRESS (IF DIFFERENT)				NAME OF ASSISTANT TREASURER, IF ANY				AREA CODE/PHONE 949-492-2100			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) [REDACTED]				STREET ADDRESS (NO P.O. BOX)				CITY			
COUNTY OF DOMICILE ORANGE				JURISDICTION WHERE COMMITTEE IS ACTIVE ALISO VIEJO				STATE CA			
NAME OF PRINCIPAL OFFICER(S)				STREET ADDRESS (NO P.O. BOX)				ZIP CODE			
Attach additional information on appropriately labeled continuation sheets.				CITY				AREA CODE/PHONE			

3. Verification

I have used all reasonable diligence in preparing this statement 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 information is true and correct.

Executed on 1-25-2021 By [REDACTED] OF TREASURER OR ASSISTANT TREASURER

Executed on 1-25-2021 By [REDACTED] OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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

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