

**Statement of Organization
Recipient Committee**

Statement Type Initial Amendment Termination - See Part 5
 Not yet qualified or List I.D. number: # _____
 Date qualified as committee _____ Date qualified as committee (If applicable) _____
 Date of Termination 1/27/14

Date Stamp
~~FILED~~
 in the office of the Secretary of State of the State of California
~~JAN 29 2014~~
CALIFORNIA FORM 410
 For Official Use Only
FILED
 APR 11 2014
 PM 1-27-14
 REGISTRATION OF VOTERS
 Deputy

1. Committee Information
 NAME OF COMMITTEE
 Friends of Davies for Laguna Niguel City Council 2012
 STREET ADDRESS (NO P.O. BOX)
 [REDACTED]
 COUNTY OF DOMICILE
 Orange
 JURISDICTION WHERE COMMITTEE IS ACTIVE

2. Treasurer and Other Principal Officers
 NAME OF TREASURER
 Susan A. Bock
 STREET ADDRESS (NO P.O. BOX)
 [REDACTED]
 None
 STREET ADDRESS (NO P.O. BOX)
 CITY STATE ZIP CODE 09 2014 AREA CODE/PHONE
 NAME OF PRINCIPAL OFFICER(S)
 DEBRA BOWEN
 Secretary of State
 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 1/24/14 By Susan A Bock
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 1/24/14 By Janni Davies
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