

**Statement of Organization
Recipient Committee**

Statement Type

Initial

Not yet qualified
or

Date qualification threshold met

Amendment

Date qualification threshold met

Termination – See Part 5

Date of termination

12 / 30 / 2022



**CALIFORNIA
FORM 410**

For Official Use Only

1. Committee Information		I.D. Number 1454813 <small>(if applicable)</small>		2. Treasurer and Other Principal Officers				
NAME OF COMMITTEE Francois For Council 2022				NAME OF TREASURER Dean Francois				
STREET ADDRESS (NO P.O. BOX) 1820 Ardmore Ave				STREET ADDRESS (NO P.O. BOX) [REDACTED]				
CITY Hermosa Beach		STATE CA	ZIP CODE 90254	CITY Hermosa Beach		STATE CA	ZIP CODE 90254	AREA CODE/PHONE [REDACTED]
FULL MAILING ADDRESS (IF DIFFERENT) [REDACTED]				NAME OF ASSISTANT TREASURER, IF ANY				
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) [REDACTED]				STREET ADDRESS (NO P.O. BOX)				
COUNTY OF DOMICILE Los Angeles		JURISDICTION WHERE COMMITTEE IS ACTIVE Hermosa Beach		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 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 1/28/23 DATE By [REDACTED] ASSISTANT TREASURER

Executed on 1/28/23 DATE By _____ SIGNATURE OF CONTROLLING OFFICE HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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

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

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INSTRUCTIONS ON REVERSE

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COMMITTEE NAME Francois For Council 2022	I.D. NUMBER 1454813
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• All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION Wells Fargo	AREA CODE/PHONE 1-800-869-3557	BANK ACCOUNT NUMBER [REDACTED]
ADDRESS 420 Montgomery Street	CITY San Francisco	STATE CA
		ZIP CODE 94104

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		
Dean Francois	City Council Member Hermosa Beach	2022	Nonpartisan <input checked="" type="checkbox"/>	Partisan	(list political party below)
			Nonpartisan	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	
		SUPPORT	OPPOSE
		SUPPORT	OPPOSE