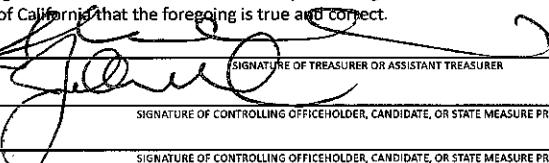
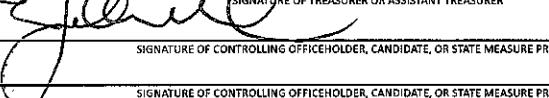


**Statement of Organization
Recipient Committee**

Statement Type	<input type="checkbox"/> Initial <input type="radio"/> Not yet qualified <input type="radio"/> Date qualification threshold met	<input type="checkbox"/> Amendment	<input checked="" type="checkbox"/> Termination – See Part 5	Date Stamp	CALIFORNIA FORM 410		
					For Official Use Only		
1. Committee Information		I.D. Number <i>(if applicable)</i>		2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE John Christopoulos for RSM City Council 2020		NAME OF TREASURER Sharon Christopoulos					
STREET ADDRESS (NO P.O. BOX) [REDACTED]		STREET ADDRESS (NO P.O. BOX) [REDACTED]		CITY	STATE	ZIP CODE	AREA CODE/PHONE
Rancho Santa Margarita CA 92688 949-459-5230		Rancho Santa Margarita CA 92688 949-459-5230		NAME OF ASSISTANT TREASURER, IF ANY			
FULL MAILING ADDRESS (IF DIFFERENT)		STREET ADDRESS (NO P.O. BOX)					
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) john4rsm@gmail.com		CITY		STATE	ZIP CODE	AREA CODE/PHONE	
COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE	NAME OF PRINCIPAL OFFICER(S)					
Orange	Rancho Santa Margarita	STREET ADDRESS (NO P.O. BOX)					
Attach additional information on appropriately labeled continuation sheets.		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	1/20/2021	By		SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on	1/20/2021	By		SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROONENT
Executed on	DATE	By		SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROONENT
Executed on	DATE	By		SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROONENT

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

**CALIFORNIA
FORM 410**

Page 2

I.D. NUMBER
1431197

COMMITTEE NAME John Christopoulos for RSM City Council 2020		
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- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION LBS Financial Credit Union	AREA CODE/PHONE 562-598-9007	BANK ACCOUNT NUMBER [REDACTED]
ADDRESS [REDACTED]	CITY Long Beach	STATE CA
		ZIP CODE 90804

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 PROVONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		(list political party below)
John Christopoulos	City Council	2020	<input checked="" type="checkbox"/> Nonpartisan	<input type="checkbox"/> Partisan	(list political party below)
			<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	
		SUPPORT	OPPOSE
		SUPPORT	OPPOSE