

**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

01 / 20 / 21

Date Stamp

**CALIFORNIA  
FORM 410**

For Official Use Only

1. Committee Information		I.D. Number		1431197		2. Treasurer and Other Principal Officers	
NAME OF COMMITTEE				NAME OF TREASURER			
John Christopoulos for RSM City Council 2020				Sharon Christopoulos			
STREET ADDRESS (NO P.O. BOX)				STREET ADDRESS (NO P.O. BOX)			
[REDACTED]				[REDACTED]			
CITY	STATE	ZIP CODE	AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
Rancho Santa Margarita	CA	92688	949-459-5230	Rancho Santa Margarita	CA	92688	949-459-5230
FULL MAILING ADDRESS (IF DIFFERENT)				NAME OF ASSISTANT TREASURER, IF ANY			
[REDACTED]				[REDACTED]			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)				CITY			
john4rsm@gmail.com				STATE			
COUNTY OF DOMICILE				ZIP CODE			
Orange				AREA CODE/PHONE			
JURISDICTION WHERE COMMITTEE IS ACTIVE				NAME OF PRINCIPAL OFFICER(S)			
Rancho Santa Margarita				[REDACTED]			
[REDACTED]				STREET ADDRESS (NO P.O. BOX)			
[REDACTED]				[REDACTED]			
[REDACTED]				CITY			
[REDACTED]				STATE			
[REDACTED]				ZIP CODE			
[REDACTED]				AREA CODE/PHONE			

Attach additional information on appropriately labeled continuation sheets.

**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] SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 1/20/2021 By [Signature] SIGNATURE OF CONTROLLING 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

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INSTRUCTIONS ON REVERSE

**CALIFORNIA  
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I.D. NUMBER

1431197

COMMITTEE NAME

John Christopoulos for RSM City Council 2020

- 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 PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		
John Christopoulos	City Council	2020	Nonpartisan ✓	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