Statement of Organization
Recipient Committee

CALIFORNIA FORM 410

Statement Type

- [ ] Initial
  - ○ Not yet qualified
  - or
  - ○ Date qualification threshold met

  _____/_____/_____

- [x] Amendment
  - Date qualification threshold met

  _____/_____/_____

- [ ] Termination – See Part 5
  - Date of termination

  _____/_____/_____

Date Stamp

For Official Use Only

1. Committee Information

I.D. Number (if applicable) 1410332

NAME OF COMMITTEE
Committee to Elect Jerry Holloway to the Rancho Santa Margarita City Council - 2022

STREET ADDRESS (NO P.O. BOX)
███████████████

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Trabuco Canyon	Ca	92679	949-292-0276

FULL MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)
Hollowayinv@aol.com

COUNTY OF DOMICILE
Orange

JURISDICTION WHERE COMMITTEE IS ACTIVE
CITY OF RANCHO SANTA MARGARITA

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Paula Holloway

STREET ADDRESS (NO P.O. BOX)
███████████████

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Trabuco Canyon	Ca	92679	714-473-0467

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE

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.
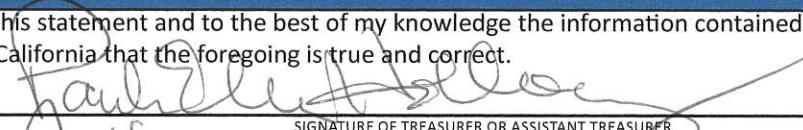
Executed on __8-1-2022__ By _[signature]_
DATE — SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on __8-1-2022__ By _[signature]_
DATE — SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
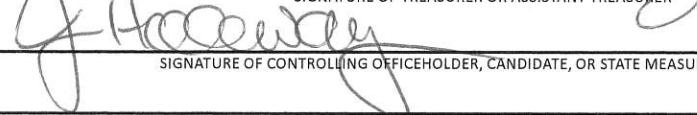
Executed on _____ By _____
DATE — SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
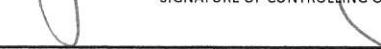
Executed on _____ By _____
DATE — SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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INSTRUCTIONS ON REVERSE

COMMITTEE NAME	I.D. NUMBER
Committee to elect Jerry Holloway to the Rancho Santa Margarita City Council - 2022	1410232

- **All committees must list the financial institution where the campaign bank account is located.**

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER
CAL WEST BANK	949-766-3015	▮▮▮▮▮

ADDRESS	CITY	STATE	ZIP CODE
▮▮▮▮▮	Rancho Santa Margarita	CA	92688

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		
JERRY HOLLOWAY	Council Member	2022	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

FPPC Form 410 (August/2018)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov