

Statement of Organization  
Recipient Committee

Statement Type

<input type="checkbox"/> Initial	<input checked="" type="checkbox"/> Amendment	<input type="checkbox"/> Termination - See Part 5
<input type="radio"/> Not yet qualified or		
<input type="radio"/> Date qualification threshold met	Date qualification threshold met	Date of termination

Date Stamp

CALIFORNIA  
FORM

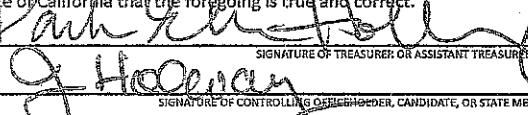
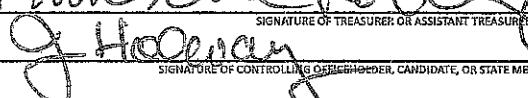
410

For Official Use Only

1. (a) Committee Information (If applicable)		I.D. Number 1368244		2. Treasurer and Other Principal Officers				
NAME OF COMMITTEE		NAME OF TREASURER						
Committee to elect Jerry Holloway to the Rancho Santa Margarita City Council - 2022		Paula Holloway						
STREET ADDRESS (NO P.O. BOX)		STREET ADDRESS (NO P.O. BOX)						
CITY Trabuco Canyon		STATE Ca	ZIP CODE 92679	AREA CODE/PHONE 714-4730467				
CITY Trabuco Canyon		STATE Ca	ZIP CODE 92679	AREA CODE/PHONE 949-2920376	NAME OF ASSISTANT TREASURER, IF ANY			
FULL MAILING ADDRESS (IF DIFFERENT)		STREET ADDRESS (NO P.O. BOX)						
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) Hollowayinv@aol.com		CITY				STATE	ZIP CODE	AREA CODE/PHONE
COUNTY OF DOMICILE Orange	JURISDICTION WHERE COMMITTEE IS ACTIVE City of Rancho Santa Margarita			NAME OF PRINCIPAL OFFICER(S)				
Attach additional information on appropriately labeled continuation sheets.				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	DATE 7/7/22	By 	SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on	DATE 7-7-22	By 	SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPOVENT
Executed on	DATE	By	SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPOVENT
Executed on	DATE	By	SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPOVENT

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Recipient Committee**

INSTRUCTIONS ON REVERSE

**CALIFORNIA FORM 410**

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COMMITTEE NAME Committee to elect Jerry Holloway to the Rancho Santa Margarita City Council - 2022	ID. NUMBER		
<ul style="list-style-type: none"> <li>All committees must list the financial institution where the campaign bank account is located.</li> </ul>			
NAME OF FINANCIAL INSTITUTION Cal West Bank	AREA CODE/PHONE 949-766-3015	BANK ACCOUNT NUMBER [REDACTED]	
ADDRESS [REDACTED]	CITY Rancho Santa Margarita	STATE Ca	ZIP CODE 92679
<b>Controlled Committee</b> (Complete the applicable section(s))			

- 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 PROONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		
[REDACTED]	[REDACTED]	[REDACTED]	Nonpartisan	Partisan	(list political party below)
[REDACTED]	[REDACTED]	[REDACTED]	Nonpartisan	Partisan	(list political party below)

**Primarily Formed Committee** (List) 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	
[REDACTED]	[REDACTED]	SUPPORT	OPPOSE
[REDACTED]	[REDACTED]	SUPPORT	OPPOSE