

Rancho Santa Margarita

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

RECEIVED AND FILED
In the office of the Secretary
of the State of California

JUL 15 2022

CALIFORNIA FORM 410

For Official Use Only

JUL 20 2022

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

Executed on 7-7-22 By J. Holloway
DATE SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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

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

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

**CALIFORNIA
FORM 410**

Page 2

COMMITTEE NAME Committee to elect Jerry Holloway to the Rancho Santa Margarita City Council - 2022				I.D. NUMBER	
<p>• All committees must list the financial institution where the campaign bank account is located.</p>					
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	

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		
			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