

Rancho Santa Margarita

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 |
| | | |
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of the State of California

CALIFORNIA FORM 410

For Official Use Only

JUL 15 2022

JUL 20 2022

| | | | | | | |
|---|--|-------------------------------------|---|------------------------------|--|--------|
| 1. Committee Information | | I.D. Number (if applicable) | 2. Treasurer and Other Principal Officers | | | |
| NAME OF COMMITTEE | | NAME OF TREASURER | | | | ERS |
| Committee to elect Jerry Holloway to the Rancho Santa Margarita City Council - 2022 | | Paula Holloway | | | | Deputy |
| STREET ADDRESS (NO P.O. BOX) | | STREET ADDRESS (NO P.O. BOX) | | | | |
| CITY STATE ZIP CODE AREA CODE/PHONE | | CITY STATE ZIP CODE AREA CODE/PHONE | | | | |
| Trabuco Canyon Ca 92679 949-2920376 | | Trabuco Canyon Ca 92679 714-4730467 | | | | |
| FULL MAILING ADDRESS (IF DIFFERENT) | | NAME OF ASSISTANT TREASURER, IF ANY | | | | |
| E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) | | STREET / ADDRESS (NO P.O. BOX) | | | | |
| Hollowayinv@aol.com | | | | | | |
| COUNTY OF DOMICILE | JURISDICTION WHERE COMMITTEE IS ACTIVE | | | NAME OF PRINCIPAL OFFICER(S) | | |
| Orange | City of Rancho Santa Margarita | | | | | |
| STREET ADDRESS (NO P.O. BOX) | | | | | | |
| CITY STATE ZIP CODE 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 7/7/22 By Paula Holloway

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 7-7-22 By J. Holloway

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

Executed on _____ By _____

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

Executed on _____ By _____

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

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I.D. NUMBER

| | | | |
|---|---------------------------------|-----------------------------------|-------------------|
| COMMITTEE NAME Committee to elect Jerry Holloway to the Rancho Santa Margarita City Council - 2022 | | | |
| <ul style="list-style-type: none"> All committees must list the financial institution where the campaign bank account is located. | | | |
| 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 |
| [REDACTED] | [REDACTED] | [REDACTED] | Nonpartisan | Partisan |
| [REDACTED] | [REDACTED] | [REDACTED] | Nonpartisan | Partisan |

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

| 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) | SUPPORT | OPPOSE |
|---|--|------------|------------|
| | | | |
| [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |