

**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

RECEIVED AND FILED

the office of the Secretary of State
of the State of California

AUG 08 2022

CALIFORNIA FORM 410

For Official Use Only

AUG 17 2022

1. Committee Information		I.D. Number (if applicable)	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)					
[REDACTED]		[REDACTED]					
CITY	STATE	ZIP CODE	AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
Trabuco Canyon	Ca	92679	949-292-0276	Trabuco Canyon	Ca	92679	714-473-0467
NAME OF ASSISTANT TREASURER, IF ANY				NAME OF ASSISTANT TREASURER, IF ANY			
[REDACTED]				[REDACTED]			
FULL MAILING ADDRESS (IF DIFFERENT)		STREET ADDRESS (NO P.O. BOX)					
[REDACTED]		[REDACTED]					
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)		CITY					
Hollowayinv@aol.com		STATE					
COUNTY OF DOMICILE		ZIP CODE					
Orange		AREA CODE/PHONE					
CITY OF RANCHO SANTA MARGARITA		NAME OF PRINCIPAL OFFICER(S)					
[REDACTED]		[REDACTED]					
STREET ADDRESS (NO P.O. BOX)		STREET ADDRESS (NO P.O. BOX)					
[REDACTED]		[REDACTED]					
CITY		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 8-1-2022 By Jerry Holloway

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 8-1-2022 By Jerry Holloway

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

Executed on By

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

Executed on By

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

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INSTRUCTIONS ON REVERSE

**CALIFORNIA
FORM 410**

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I.D. NUMBER

1410332

COMMITTEE NAME Committee to elect Jerry Holloway to the Rancho Santa Margarita City Council - 2022		I.D. NUMBER 1410332	
<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 [REDACTED]	STATE [REDACTED]	ZIP CODE RANCHO SANTA MARGARITA CA. 92689

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 JERRY HOLLOWAY	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE) Council member	YEAR OF ELECTION 2022	PARTY CHECK ONE		(list political party below)
			<input checked="" type="checkbox"/> Nonpartisan	<input type="checkbox"/> Partisan	(list political party below)
			<input type="checkbox"/> Nonpartisan	<input checked="" type="checkbox"/> 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	
		<input type="checkbox"/> SUPPORT	<input type="checkbox"/> OPPOSE
		<input type="checkbox"/> SUPPORT	<input type="checkbox"/> OPPOSE