

**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**

CITYRSM\*22AUG29PM 2:39  
**CALIFORNIA 410**  
**FORM**  
For Official Use Only  
**AUG 17 2022**  
REGISTRAR OF VOTERS

<b>1. Committee Information</b>		<b>I.D. Number</b> 1410332 <small>(if applicable)</small>		<b>2. Treasurer and Other Principal Officers</b>	
NAME OF COMMITTEE Committee to Elect Jerry Holloway to the Rancho Santa Margarita City Council - 2022				NAME OF TREASURER Paula Holloway	
STREET ADDRESS (NO P.O. BOX) [REDACTED]				STREET ADDRESS (NO P.O. BOX) [REDACTED]	
CITY Trabuco Canyon	STATE Ca	ZIP CODE 92679	AREA CODE/PHONE 949-292-0276	CITY Trabuco Canyon	STATE Ca
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 <b>CITY OF RANCHO SANTA MARGARITA</b>			CITY	
Attach additional information on appropriately labeled continuation sheets.				STATE	
				ZIP CODE	
NAME OF PRINCIPAL OFFICER(S)				AREA CODE/PHONE	
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	
	DATE		SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on	8-1-2022	By	
	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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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

I.D. NUMBER

1410332

- 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

STATE

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

ELECTIVE OFFICE SOUGHT OR HELD  
(INCLUDE DISTRICT NUMBER IF APPLICABLE)

YEAR OF  
ELECTION

PARTY  
CHECK ONE

JERRY HOLLOWAY	Council member	2022	<input checked="" type="checkbox"/> Nonpartisan	<input type="checkbox"/> Partisan	(list political party below)
			<input type="checkbox"/> Nonpartisan	<input 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