

**Statement of Organization
Recipient Committee**

Statement Type

Initial

Not yet qualified
or

Date qualification threshold met Date qualification threshold met

Amendment

Termination – See Part 5

Date of termination

____ / ____ / ____

____ / ____ / ____

____ / ____ / ____

Date Stamp

RECEIVED AND FILED

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

SEP 02 2022

CALIFORNIA FORM 410

For Official Use Only

SEP 12 2022

REGISTER OF VOTERS

I.D. Number 1410332 <i>(if applicable)</i>			
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]			
CITY Trabuco Canyon		STATE Ca	ZIP CODE 92679
AREA CODE/PHONE 714-473-0467			
CITY Trabuco Canyon		STATE Ca	ZIP CODE 92679
AREA CODE/PHONE 714-473-0467			
NAME OF ASSISTANT TREASURER, IF ANY NA			
STREET ADDRESS (NO P.O. BOX) [REDACTED]			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) Hollowayinv@aol.com			
CITY Orange		NAME OF PRINCIPAL OFFICER(S)	
JURISDICTION WHERE COMMITTEE IS ACTIVE City of Rancho Santa Margarita			
STREET ADDRESS (NO P.O. BOX) [REDACTED]			
CITY [REDACTED]		STATE [REDACTED]	ZIP CODE [REDACTED]
AREA CODE/PHONE [REDACTED]			
Attach additional information on appropriately labeled continuation sheets.			

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 8/30/2022

By

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Paula Holloway

Executed on 8/30/2022

DATE

By

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Jerry Holloway

Executed on _____

DATE

By

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____

DATE

By

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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Recipient Committee**

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 - 2002			
<ul style="list-style-type: none"> All committees must list the financial institution where the campaign bank account is located. 			
NAME OF FINANCIAL INSTITUTION Bank of Southern California	AREA CODE/PHONE 949-766-3015	BANK ACCOUNT NUMBER [REDACTED]	
ADDRESS [REDACTED]	CITY Rancho Santa Margarita	STATE Ca	ZIP CODE 92688

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