

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

____/____/____

Date Stamp

CALIFORNIA
FORM

410

For Official Use Only

COPY

1. Committee Information		I.D. Number 1410836 <small>(if applicable)</small>		2. Treasurer and Other Principal Officers	
NAME OF COMMITTEE Anne Figueroa for RSM City Council 2022				NAME OF TREASURER Lorraine Biersacher	
STREET ADDRESS (NO P.O. BOX) [REDACTED]				STREET ADDRESS (NO P.O. BOX) [REDACTED]	
CITY Rancho Santa Margarita, CA		STATE CA		ZIP CODE 92688	
FULL MAILING ADDRESS (IF DIFFERENT)		CITY Rancho Santa Margarita, CA		STATE CA	
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) annedfig@cox.net		ZIP CODE 92688		AREA CODE/PHONE (949) 2956225	
COUNTY OF DOMICILE Orange		JURISDICTION WHERE COMMITTEE IS ACTIVE City of RSM		NAME OF ASSISTANT TREASURER, IF ANY	
STREET ADDRESS (NO P.O. BOX)				STREET ADDRESS (NO P.O. BOX)	
CITY				CITY	
STATE				STATE	
ZIP CODE				ZIP CODE	
AREA CODE/PHONE				AREA CODE/PHONE	
NAME OF PRINCIPAL OFFICER(S)				NAME OF PRINCIPAL OFFICER(S)	
STREET ADDRESS (NO P.O. BOX)				STREET ADDRESS (NO P.O. BOX)	
CITY				CITY	
STATE				STATE	
ZIP CODE				ZIP CODE	
AREA CODE/PHONE				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	7/13/22	By	[Signature]
	DATE		SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on	7/13/22	By	[Signature]
	DATE		SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on	_____	By	_____
	DATE		SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on	_____	By	_____
	DATE		SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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INSTRUCTIONS ON REVERSE

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COMMITTEE NAME <i>Anne Figueroa for RSM City Council</i>	I.D. NUMBER <i>1410836</i>
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- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION <i>Bank of South County Branch / Bank of Southern California</i>	AREA CODE/PHONE <i>949 7663015</i>	BANK ACCOUNT NUMBER [REDACTED]
ADDRESS [REDACTED]	CITY [REDACTED]	STATE <i>CA</i> ZIP CODE <i>92081</i>

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		
<i>Anne D Figueroa</i>	<i>City Council</i>	<i>2022</i>	Nonpartisan <input checked="" type="checkbox"/>	Partisan <input type="checkbox"/>	(list political party below)
			Nonpartisan <input type="checkbox"/>	Partisan <input type="checkbox"/>	(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 <input type="checkbox"/>	OPPOSE <input type="checkbox"/>
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>