

Statement of Organization
Recipient Committee

Statement Type

☐ Initial

☒ Amendment

☐ Termination - See Part 5

Not yet qualified ☐ or

☐ Date qualification threshold met

Date qualification threshold met

Date of termination

Date Stamp

RECEIVED AND FILED

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

SEP 30 2022

CALIFORNIA FORM 410

For Official Use Only

OCT 11 2022

REGISTRAR OF VOTERS

By *[Signature]* Deputy

1. Committee Information

I.D. Number
(if applicable)

1410836

2. Treasurer and Other Principal Officers

NAME OF COMMITTEE

Anne Figueroa for RSM City Council 2022

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Rancho Santa Margarita, CA 92688

949-636-1422

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE

JURISDICTION WHERE COMMITTEE IS ACTIVE

Orange

Rancho Santa Margarita

NAME OF TREASURER

Anne Figueroa

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Rancho Santa Margarita, CA 92688

949-636-1422

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

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 9/28/22 By

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 9/28/22 By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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COMMITTEE NAME

Anne Figueroa for RSM City Council 2022

I. D. NUMBER

1410836

- 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

ADDRESS

CITY

STATE

ZIP CODE

Rancho Santa Margarita, CA 92688

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		
Anne Figueroa	City Council Member	2022	Nonpartisan	<input checked="" type="checkbox"/>	(list political party below)
			Nonpartisan	<input type="checkbox"/>	(list political party below)
			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"/>

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COMMITTEE NAME

Anne Figueroa for RSM City Council 2022

I. D. NUMBER

1410836

4. Type of Committee

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

☐

CITY Committee

☐

COUNTY Committee

☐

STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OF AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

Small Contributor Committee

☐

Date Qualified

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer, and/or candidate officer holder, or dropship coordinator, certifies that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
 - This committee does not anticipate receiving contributions or making expenditures in the future;
 - This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
 - This committee has no surplus funds; and
 - This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
- Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.