

**Statement of Organization
Recipient Committee**

Statement Type Initial
Not yet qualified or

Date qualification threshold met

Amendment

Termination - See Part 5

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

Deputy

[Signature]

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

annedfrq@cox.net

COUNTY OF DOMICILE

Orange

JURISDICTION WHERE COMMITTEE IS ACTIVE

Rancho Santa Margarita

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 *Anne Figueroa*

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 9/28/22 By *Anne Figueroa*

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE OR STATE MEASURE PROPOSER

Executed on _____ By _____

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

Executed on _____ By _____

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

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COMMITTEE NAME
Anne Figueroa for RSM City Council 2022

- 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, CA 92688	STATE [REDACTED]
		ZIP CODE [REDACTED]

Type of Committee Complete the appropriate options.

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 Anne Figueroa	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE) City Council Member	YEAR OF ELECTION 2022	PARTY CHECK ONE		
			Nonpartisan <input checked="" 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"/>

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COMMITTEE NAME

Anne Figueroa for RSM City Council 2022

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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		
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STREET ADDRESS	NO. AND STREET	CITY	STATE	ZIP CODE
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Small Contributor Committee

Date Qualified

5. Termination Requirements

- 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.