

RECEIVED
CITY CLERK

Statement of Organization
Recipient Committee

Statement Type Initial Amendment Termination - See Part 5
Not yet qualified or
List I.D. number: # 1387469 # 1387469
Date qualified as committee: / / Date qualified as committee (if applicable): / / Date of Termination: 01 / 31 / 2017

Date Stamp: 2017 JAN 31
CALIFORNIA FORM 410
For Official Use Only
CITY OF LAGUNA NIGUEL

1. Committee Information

NAME OF COMMITTEE: Jennings for Laguna Niguel 2016
STREET ADDRESS (NO P.O. BOX): [REDACTED]
CITY: Laguna Niguel STATE: CA ZIP CODE: 92677 AREA CODE/PHONE: [REDACTED]
MAILING ADDRESS (IF DIFFERENT): Same
FAX / E-MAIL ADDRESS: [REDACTED]
COUNTY OF DOMICILE: JURISDICTION WHERE COMMITTEE IS ACTIVE: [REDACTED]

2. Treasurer and Other Principal Officers

NAME OF TREASURER: Andrew Favor
STREET ADDRESS (NO P.O. BOX): [REDACTED]
CITY: Laguna Niguel STATE: CA ZIP CODE: 92677 AREA CODE/PHONE: [REDACTED]
NAME OF ASSISTANT TREASURER, IF ANY: N/A
STREET ADDRESS (NO P.O. BOX): [REDACTED]
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 01/31/2017 By [Signature] SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on 01/31/2017 By [Signature] SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on / / By [Signature] SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on / / By [Signature] SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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Jennings for Laguna Niguel 2016

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- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION Schools First FCU	AREA CODE/PHONE [REDACTED]	BANK ACCOUNT NUMBER [REDACTED]
ADDRESS [REDACTED]	CITY [REDACTED]	STATE [REDACTED]
		ZIP CODE [REDACTED]

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."
- 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
John Mark Jennings	Laguna Niguel City Council	2016	<input checked="" type="checkbox"/> Nonpartisan
N/A			<input type="checkbox"/> Nonpartisan

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)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

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COMMITTEE NAME
Jennings for Laguna Niguel 2016

4. Type of Committee (Continued)

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 OR 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, officeholder, or proponent certify 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.