

CITY CLERK

Statement of Organization Recipient Committee

CALIFORNIA FORM 410

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
 JUL 30 PM 6:13
 CITY OF LAGUNA NIGUEL

For Official Use Only

1. Committee Information		I.D. Number	2. Treasurer and Other Principal Officers				
NAME OF COMMITTEE Astrella For Laguna Niguel City Council 2020		(if applicable)	NAME OF TREASURER Sherry Astrella				
STREET ADDRESS (NO P.O. BOX) [REDACTED]			STREET ADDRESS (NO P.O. BOX) [REDACTED]				
CITY Laguna Niguel	STATE CA	ZIP CODE 92677	AREA CODE/PHONE [REDACTED]	CITY Laguna Niguel	STATE CA	ZIP CODE 92677	AREA CODE/PHONE 949-[REDACTED]
FULL MAILING ADDRESS (IF DIFFERENT) Same			NAME OF ASSISTANT TREASURER, IF ANY none				
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) astrella4laguignuelcitycouncil@gmail.com			STREET ADDRESS (NO P.O. BOX) [REDACTED]				
COUNTY OF DOMICILE Orange	JURISDICTION WHERE COMMITTEE IS ACTIVE Laguna Niguel		NAME OF PRINCIPAL OFFICER(S) none				
Attach additional information on appropriately labeled continuation sheets.			STREET ADDRESS (NO P.O. BOX) [REDACTED]				
			CITY [REDACTED]				
			STATE [REDACTED]				
			ZIP CODE [REDACTED]				
			AREA CODE/PHONE [REDACTED]				

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 7-21-20 By Sherry Astrella
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 7-21-20 By Sherry Astrella
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME <i>Astellla for Laguna Niguel City Council 2020</i>	I.D. NUMBER
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• All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION <i>California Bank and Trust</i>	AREA CODE/PHONE [REDACTED]	BANK ACCOUNT NUMBER
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ADDRESS [REDACTED]	CITY	STATE	ZIP CODE
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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>Sherry Astrella</i>	<i>Laguna Niguel City Council</i>	<i>2020</i>	<input 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	
		SUPPORT	OPPOSE