

**Statement of Organization
Recipient Committee**

Statement Type

Initial

Not yet qualified
or

Date qualification threshold met

07 / 05 / 2020

Amendment

Date qualification threshold met

Termination – See Part 5

Date of termination

Date Stamp

Received on
July 24, 2020
by City Clerk
[Signature]

CALIFORNIA
FORM

410

For Official Use Only

| | | | | | | | |
|--|--|---|---|-------------------------------|--------------------|--------------------------|-------------------------------|
| 1. Committee Information | | I.D. Number (if applicable) | 2. Treasurer and Other Principal Officers | | | | |
| NAME OF COMMITTEE KELLY JENNINGS FOR LAGUNA NIGUEL CITY COUNCIL 2020 | | NAME OF TREASURER BOB MEESE | | | | | |
| 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 [REDACTED] |
| FULL MAILING ADDRESS (IF DIFFERENT) SAME | | NAME OF ASSISTANT TREASURER, IF ANY N/A | | | | | |
| E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) KELLY@VOTEKELLYJENNINGS.COM | | STREET ADDRESS (NO P.O. BOX) [REDACTED] | | | | | |
| COUNTY OF DOMICILE ORANGE | JURISDICTION WHERE COMMITTEE IS ACTIVE CITY OF LAGUNA NIGUEL | | NAME OF PRINCIPAL OFFICER(S) KELLY JENNINGS | | | | |
| 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] | | | |
| <i>Attach additional information on appropriately labeled continuation sheets.</i> | | | | | | | |

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 JULY 5, 2020 By [Signature]

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on JULY 5, 2020 By [Signature]

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on By

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on By

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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INSTRUCTIONS ON REVERSE

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| | | |
|---|-------------------------------|--|
| COMMITTEE NAME KELLY JENNINGS FOR LAGUNA NIGUEL CITY COUNCIL 2020 | | I.D. NUMBER |
| <ul style="list-style-type: none"> All committees must list the financial institution where the campaign bank account is located. | | |
| NAME OF FINANCIAL INSTITUTION SCHOOLSFIRST 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." 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 PROPOINTER | ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE) | YEAR OF ELECTION | PARTY CHECK ONE | | |
|---|---|---------------------|---|-----------------------------------|------------------------------|
| KELLY JENNINGS | LAGUNA NIGUEL CITY COUNCIL | 2020 | <input checked="" 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 | |
|---|--|----------------------------------|---------------------------------|
| | | <input type="checkbox"/> SUPPORT | <input type="checkbox"/> OPPOSE |
| | | <input type="checkbox"/> SUPPORT | <input type="checkbox"/> OPPOSE |