

Statement of Organization
Recipient Committee
Statement Type

Initial Not yet qualified or Date qualification threshold met <u>07 / 05 / 2020</u>	Amendment Date qualification threshold met ____/____/____	Termination – See Part 5 Date of termination ____/____/____
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Date Stamp
Received on
July 24, 2020
by City Clerk
Chen L. Hong

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]			
				CITY LAGUNA NIGUEL	STATE CA	ZIP CODE 92677	AREA CODE/PHONE [REDACTED]

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 JULY 5, 2020 By [Signature] SIGNATURE OF TREASURER OR ASSISTANT TREASURER
 Executed on JULY 5, 2020 By [Signature] 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

Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME
KELLY JENNINGS FOR LAGUNA NIGUEL CITY COUNCIL 2020

I.D. NUMBER

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

NAME OF FINANCIAL INSTITUTION
SCHOOLSFIRST FCU

AREA CODE/PHONE

BANK ACCOUNT NUMBER

ADDRESS

CITY

STATE

ZIP CODE

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		
KELLY JENNINGS	LAGUNA NIGUEL CITY COUNCIL	2020	Nonpartisan ✓	Partisan	(list political party below)
			Nonpartisan	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
		SUPPORT	OPPOSE