

**Statement of Organization  
Recipient Committee**

**Statement Type**

<input type="checkbox"/> Initial	<input checked="" type="checkbox"/> Amendment	<input type="checkbox"/> Termination – See Part 5
<input type="radio"/> Not yet qualified or		
<input type="radio"/> Date qualification threshold met	Date qualification threshold met	Date of termination
____/____/____	10 / 16 / 21	____/____/____

Date Stamp  
Rec'd by SOS on 10/26/21

CALIFORNIA  
FORM

**410**

For Official Use Only

2021 OCT 28 PM 5:02

<b>1. Committee Information</b>		<b>I.D. Number</b> 1441642		<b>2. Treasurer and Other Principal Officers</b>			
NAME OF COMMITTEE  Ray Gennawey for Laguna Niguel City Council 2022		NAME OF TREASURER  Rachel Gennawey					
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)		NAME OF ASSISTANT TREASURER, IF ANY					
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) [REDACTED]		STREET ADDRESS (NO P.O. BOX)					
COUNTY OF DOMICILE Orange	JURISDICTION WHERE COMMITTEE IS ACTIVE Laguna Niguel		NAME OF PRINCIPAL OFFICER(S)				
Attach additional information on appropriately labeled continuation sheets.		STREET ADDRESS (NO P.O. BOX)					
		CITY	STATE	ZIP CODE	AREA CODE/PHONE		

**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	10/23/21	DATE	By	<u>Rachel Gennawey</u>	SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on	10/23/21	DATE	By	<u>Rachel Gennawey</u>	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER
Executed on		DATE	By		SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER
Executed on		DATE	By		SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

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COMMITTEE NAME Ray Gennawey for Laguna Niguel City Council 2022	I.D. NUMBER 1441642
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- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION Bank of America	AREA CODE/PHONE [REDACTED]	BANK ACCOUNT NUMBER [REDACTED]	
ADDRESS [REDACTED]	CITY Laguna Niguel	STATE CA	ZIP CODE 92677

**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		
Ray Gennawey	Laguna Niguel City Council	2022	Nonpartisan <input checked="" type="checkbox"/>	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

FPPC Form 410 (August/2018)

FPPC Advice: [advice@fppc.ca.gov](mailto:advice@fppc.ca.gov) (866/275-3772)

[www.fppc.ca.gov](http://www.fppc.ca.gov)

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I.D. NUMBER

1411647

COMMITTEE NAME

Ray Gennawey for Laguna Niguel City Council 2022

**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
				AREA CODE/PHONE

*Small Contributor Committee*

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Date qualified

**5. Termination Requirements**

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, orponent 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.