

Laguna Niguel

# Statement of Organization

## Recipient Committee

## Statement Type

<input type="checkbox"/> Initial	<input type="checkbox"/> Amendment	<input checked="" type="checkbox"/> Termination – See Part 5 of the office of the Secretary of State of the State of California
<input type="radio"/> Not yet qualified or		
<input type="radio"/> Date qualification threshold met	Date qualification threshold met	
____/____/____	____/____/____	

Date of termination

12 / 31 / 2021

Date Stamp

RECEIVED

RECEIVED

CALIFORNIA  
FORM

410

For Official Use Only

JAN 07 2022

REGISTRAR OF VOTERS

By

RECEIVED AND FILED

### 1. Committee Information

I.D. Number  
(if applicable)

1362486

### 2. Treasurer and Other Principal Officers

NAME OF TREASURER

MARY SMITH

STREET ADDRESS (NO P.O. BOX)

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE  
LAGUNA NIGUEL CA 92677

FULL MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE  
ORANGE

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 DEC 16, 2021

By

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on DEC 16, 2021

By

SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

Executed on \_\_\_\_\_

DATE

By

SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

Executed on \_\_\_\_\_

DATE

By

SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

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)