

Laguna Niguel

Statement of Organization Recipient Committee

Statement Type

Initial, Amendment, Termination - See Part 10. Date of termination 12/31/2021

RECEIVED... Date Stamp... DEC 20 2021

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1. Committee Information I.D. Number 1362486 NAME OF COMMITTEE GENNAWEY FOR LAGUNA NIGUEL COUNCIL 2018 CITY LAGUNA NIGUEL STATE CA ZIP CODE 92677

2. Treasurer and Other Principal Officers NAME OF TREASURER MARY SMITH JAN 03 2022 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 DEC 16, 2021 By [Signature] SIGNATURE OF TREASURER OR ASSISTANT TREASURER Executed on DEC 16, 2021 By [Signature] SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT