

Statement of Organization
Recipient Committee

Statement Type ☒ Initial ☐ Amendment ☐ Termination - See Part 5

☒ Not yet qualified
or

☐ Date qualified as committee

____/____/____
Date qualified as committee

____/____/____
Date of termination

Date Stamp	CALIFORNIA FORM 410
RECEIVED AND FILED In the office of the Secretary of State of the State of California	For Official Use
AUG 11 2022	2022 AUG 11 PM 3:22

1. Committee Information	2. Treasurer and Other Principal Officers
I.D. Number (if applicable)	
NAME OF COMMITTEE Javad Mokhbary for City Council 2022	NAME OF TREASURER Thomas E. Montgomery III
STREET ADDRESS (NO P.O. BOX) [REDACTED]	STREET ADDRESS (NO P.O. BOX) [REDACTED]
CITY [REDACTED]	CITY [REDACTED]
STATE [REDACTED]	STATE [REDACTED]
ZIP CODE [REDACTED]	ZIP CODE [REDACTED]
AREA CODE/PHONE [REDACTED]	AREA CODE/PHONE [REDACTED]
NAME OF ASSISTANT TREASURER, IF ANY	
STREET ADDRESS (NO P.O. BOX) [REDACTED]	STREET ADDRESS (NO P.O. BOX) [REDACTED]
CITY [REDACTED]	CITY [REDACTED]
STATE [REDACTED]	STATE [REDACTED]
ZIP CODE [REDACTED]	ZIP CODE [REDACTED]
AREA CODE/PHONE [REDACTED]	AREA CODE/PHONE [REDACTED]
NAME OF PRINCIPAL OFFICER(S)	
STREET ADDRESS (NO P.O. BOX) [REDACTED]	STREET ADDRESS (NO P.O. BOX) [REDACTED]
CITY [REDACTED]	CITY [REDACTED]
STATE [REDACTED]	STATE [REDACTED]
ZIP CODE [REDACTED]	ZIP CODE [REDACTED]
AREA CODE/PHONE [REDACTED]	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 8/10/22	By [Signature] SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on 8/10/22	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

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Recipient Committee

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

Mokhbery for City Council 2022

I.D. NUMBER

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

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER
US Bank		
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	CHECK ONE		PARTY (list political party below)
Javad Mokhbery	Laguna Niguel City Council	2022	Nonpartisan <input checked="" type="checkbox"/>	Partisan <input type="checkbox"/>	
			Nonpartisan <input type="checkbox"/>	Partisan <input type="checkbox"/>	(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 <input type="checkbox"/>	OPPOSE <input type="checkbox"/>
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>

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