

R  
L  
30

145571

**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 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**1. Committee Information**

**I.D. Number  
(if applicable)**

NAME OF COMMITTEE

Javad Mokhberry for City Council 2022

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT)

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

COUNTY OF DOMICILE

Orange

JURISDICTION WHERE COMMITTEE IS ACTIVE

City of Laguna Niguel

Attach additional information on appropriately labeled continuation sheets.

**B. 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 DATE 8/10/22 By \_\_\_\_\_ SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 8/10/22 DATE 8/10/22 By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPO

Executed on \_\_\_\_\_ DATE \_\_\_\_\_ By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPO

Executed on \_\_\_\_\_ DATE \_\_\_\_\_ By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPO

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPO

Date Stamp

**CALIFORNIA  
FORM**

**410**

For Official Use Only

AUG 10

**RECEIVED AND FILED**  
In the office of the Secretary of State  
of the State of California

**AUG 11 2022**

PH 3:22

OR R/JP  
NO NIGUEL

**Clear Page**

**Print**

FPPC Form 410 (February/2018)

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

www.fppc.ca.gov

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

**CALIFORNIA  
FORM 410**

Page 2

I.D. NUMBER

COMMITTEE NAME  
Mokhbery for City Council 2022

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

NAME OF FINANCIAL INSTITUTION US Bank	AREA CODE/PHONE [REDACTED]	BANK ACCOUNT NUMBER [REDACTED]	
ADDRESS [REDACTED]	CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]

**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 PROONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY		
			Nonpartisan	Partisan	CHECK ONE (list political party below)
Javad Mokhbery	Laguna Niguel City Council	2022	<input checked="" type="checkbox"/>	<input type="checkbox"/>	(list political party below)
			<input type="checkbox"/>	<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	OPPOSE
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

**Clear Page**

**Print**