

Statement of Organization
Recipient Committee

Statement Type

Initial

Not yet qualified
or

Date qualification threshold met

Amendment

RECEIVED AND FILED
in the office of the Secretary of State
of the State of California

Date Stamp

JAN 26 2024

CALIFORNIA

FORM

410

For Official Use Only

RECEIVED
JAN 16 2024
BY

Date of termination

JAN 08 2024

RECEIVED
JAN 16 2024
BY

1. Committee Information

I.D. Number
(if applicable)

NAME OF COMMITTEE

Stephanie Winstead for Laguna Niguel City Council 2024

STREET ADDRESS (NO P.O. BOX)

CITY Laguna Niguel STATE CA ZIP CODE 92677 AREA CODE/PHONE

FULL MAILING ADDRESS (IF DIFFERENT)

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

COUNTY OF DOMICILE Orange JURISDICTION WHERE COMMITTEE IS ACTIVE Laguna Niguel

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Raymond Winstead

STREET ADDRESS (NO P.O. BOX)

CITY Laguna Niguel STATE CA ZIP CODE 92677

EMAIL ADDRESS OF TREASURER (REQUIRED)

AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE

EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED)

AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE

EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED)

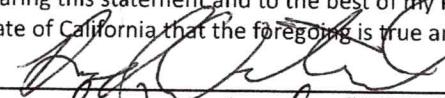
AREA CODE/PHONE

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 12/6/2023

DATE

By 

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 12/6/2023

DATE

DATE

By 

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

Executed on

DATE

DATE

By 

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

Executed on

DATE

DATE

By 

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

FPPC Form 410 (October/2023)

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

www.fppc.ca.gov

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

CALIFORNIA FORM 410

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COMMITTEE NAME Stephanie Winstead for Laguna Niguel City Council 2024	I.D. NUMBER
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- All committees must list the financial institution where the campaign bank account is located and the person(s) authorized to obtain bank records.**

NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RECORDS Wells Fargo Bank, NA (Authorized persons Stephanie Winstead and Raymond Winstead)	AREA CODE/PHONE	BANK ACCOUNT NUMBER

ADDRESS OF FINANCIAL INSTITUTION	CITY	STATE	ZIP CODE
	Laguna Niguel	CA	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		
Stephanie Winstead	Laguna Niguel City Council	2024	Nonpartisan	Partisan	(list political party below)
			<input checked="" 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
		SUPPORT	OPPOSE