

Statement of Organization
Recipient Committee

Statement Type

☐ Initial

☐ Not yet qualified
or
☐ Date qualification threshold met

☒ Amendment

Date qualification threshold met

01 / 29 / 2024

☐ Termination - See Part 5

Date of termination

/ /

Date Stamp

RECEIVED

JAN 31 2024

City of Laguna Niguel

CALIFORNIA
FORM
410

For Official Use Only

1. Committee Information

I.D. Number 1466304
(if applicable)

NAME OF COMMITTEE

Gene Johns for Laguna Niguel City Council 2024

STREET ADDRESS (NO P.O. BOX)

[REDACTED]

CITY

Laguna Niguel

STATE

CA

ZIP CODE

92677

AREA CODE/PHONE

[REDACTED]

FULL MAILING ADDRESS (IF DIFFERENT)

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

[REDACTED]

COUNTY OF DOMICILE

Orange

JURISDICTION WHERE COMMITTEE IS ACTIVE

Laguna Niguel

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

1/31/2024

By

Executed on

1/31/2024

By

Executed on

1/31/2024

By

Executed on

1/31/2024

By

Executed on

1/31/2024

By

Executed on

1/31/2024

By

Executed on

1/31/2024

By

DATE

DATE

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

FPCC Form 410 (October/2023)

FPCC Advice: advice@fpcc.ca.gov (866/275-3772)

www.fppc.ca.gov

COPY

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COMMITTEE NAME
Gene Johns for Laguna Niguel City Council 2024

I.D. NUMBER
1466304

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		AREA CODE /PHONE		BANK ACCOUNT NUMBER	
Wells Fargo Bank		[REDACTED]		[REDACTED]	
Foster E. Johns II and Michele M. Leonhart					
ADDRESS OF FINANCIAL INSTITUTION		CITY		STATE	
[REDACTED]		Laguna Niguel		CA	
				ZIP CODE	
				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	(list political party below)
Gene Johns	Laguna Niguel City Council	2024	Nonpartisan ✓	Partisan (list political party below)
			Nonpartisan	Partisan

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

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COMMITTEE NAME

Gene Johns for Laguna Niguel City Council 2024

I.D. NUMBER

1466304

4. Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

☐ CITY Committee

☐ COUNTY Committee

☐ STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Small Contributor Committee

☐

_____/_____/_____

Date qualified

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, orponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
 - There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
 - Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.