

Laguna Niguel

1382038

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JAN 29 2016

CITY OF LAGUNA NIGUEL

REGISTRAR

Statement of Organization Recipient Committee

Statement Type Initial Amendment Termination - See Part 5

Not yet qualified or List I.D. number: # _____

_____/_____/_____ Date qualified as committee _____/_____/_____ Date qualified as committee (if applicable) _____/_____/_____ Date of Termination

1. Committee Information

NAME OF COMMITTEE
Jerry Slusiewicz for Laguna Niguel City Council 2016

STREET ADDRESS (NO P.O. BOX)
27932 Milt Circle

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|---------------|-------|----------|-----------------|
| Laguna Niguel | CA | 92677 | (949)219-0692 |

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS
jerry@pfpinvest.com

| COUNTY OF DOMICILE | JURISDICTION WHERE COMMITTEE IS ACTIVE |
|--------------------|--|
| Orange | |

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Jerry Slusiewicz

STREET ADDRESS (NO P.O. BOX)
27932 Milt Circle

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|---------------|-------|----------|-----------------|
| Laguna Niguel | CA | 92677 | (949)219-0692 |

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|------|-------|----------|-----------------|
| | | | |

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|------|-------|----------|-----------------|
| | | | |

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 1-13-16 By [Signature]
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 1-13-16 By [Signature]
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

Jerry Slusiewicz for Laguna Niguel City Council 2016

I.D. NUMBER

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

| | | | |
|---|----------------------------------|---------------------|-------------------|
| NAME OF FINANCIAL INSTITUTION Union Bank | AREA CODE/PHONE (949)448-7255 | BANK ACCOUNT NUMBER | |
| ADDRESS 27211 La Paz Road | CITY Laguna Niguel | STATE 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."
- 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 |
|--|---|------------------|---|
| Jerry Slusiewicz | Council Member | 2016 | <input checked="" type="checkbox"/> Nonpartisan |
| | | | <input type="checkbox"/> Nonpartisan |

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) | 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"/> |