

**Statement of Organization  
Recipient Committee**

Statement Type

Initial

Not yet qualified  or

8/20/2012  
Date qualified as committee

Amendment

List I.D. number:

# \_\_\_\_\_

\_\_\_\_\_  
Date qualified as committee  
(If applicable)

Type or print in ink

1350745

Termination - See Part 5

List I.D. number:

# \_\_\_\_\_

\_\_\_\_\_  
Date of Termination

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

Date Stamp  
AUG 28 2012

DEBRA BOWEN  
Secretary of State

CALIFORNIA FORM 410  
For Official Use Only

SEP 04 2012

REGISTRAR OF VOTERS  
Deputy *ROR*

**1. Committee Information**

NAME OF COMMITTEE

COMMITTEE TO ELECT JERRY SLOSIEWICZ

FOR LAGUNA NIGUEL CITY COUNCIL 2012

STREET ADDRESS (NO P.O. BOX)

27932 MILT CIRCLE

CITY STATE ZIP CODE AREA CODE/PHONE

LAGUNA NIGUEL CA. 92677 (949) 425-8967

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS

(949) 219-0695 JERRY@PTINVEST.COM

COUNTY OF DOMICILE

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE

ORANGE

Attach additional information on appropriately labeled continuation sheets.

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER

JERRY SLOSIEWICZ

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

**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 8/20/12 - 8/27/12

Executed on 8/27/12

Executed on \_\_\_\_\_

Executed on \_\_\_\_\_

By Jerry Slosiewicz  
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Committee to Elect Jerry Susiwick for Laguna Niguel City Council

Page 2

I.D. NUMBER

**4. Type of Committee** Complete the applicable sections.

2012 *[Signature]*

**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 "non-partisan."
- 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
<u>JERRY SUSIWICK</u>	<u>CITY COUNCIL</u>	<u>2012</u>	<input checked="" type="checkbox"/> Non-Partisan
			<input type="checkbox"/> Non-Partisan

- List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER
<u>UNION BANK</u>	<u>949-448-7255</u>	<u>0010698383</u>
ADDRESS	CITY	STATE ZIP CODE
<u>27211 La Paz Road</u>	<u>Laguna Niguel</u>	<u>CA 92677</u>

**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