

**Statement of Organization  
Recipient Committee**

Statement Type  Initial  Amendment  Termination - See Part 5  
 Not yet qualified  or List I.D. number: List I.D. number:  
 # \_\_\_\_\_ # 1350745  
7/31/12 \_\_\_\_\_ 6/30/14  
 Date qualified as committee Date qualified as committee Date of Termination  
 (If applicable)

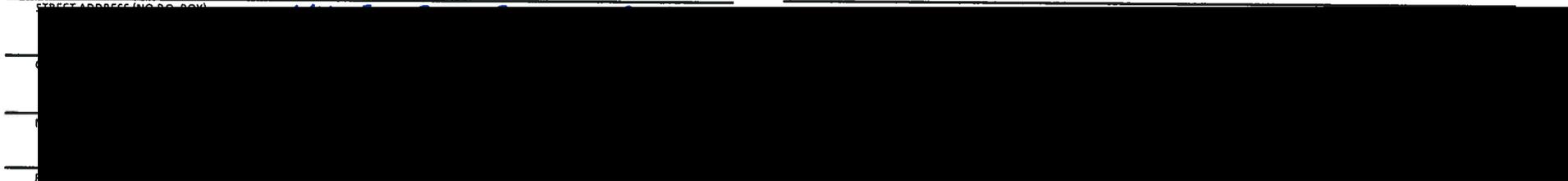
RECEIVED  
CITY CLERK  
Date Stamp  
2014 AUG -1 AM 11:42  
CITY OF LAGUNA HIGUEL  
CALIFORNIA FORM 410  
For Official Use Only

**1. Committee Information**

NAME OF COMMITTEE  
Committee to Elect Jerry Susiense for Mayor

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER  
Jerry Susiense



COUNTY OF DOMICILE Orange JURISDICTION WHERE COMMITTEE IS ACTIVE City of Laguna Niguel

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 7-31-14 By [Signature]  
 DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER  
 Executed on 7-31-14 By \_\_\_\_\_  
 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 \_\_\_\_\_  
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