

Statement of Organization Recipient Committee

Statement Type

☐ Initial

Not yet qualified ☒ For

☐ Date qualification threshold met

☐ Amendment

Date qualification threshold met

☒ Termination - See Part 5

Date of termination

2022-12-23 12/23

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

FEB 01 2023

CALIFORNIA
FORM

410

For Official Use Only

FEB 07 2023

REGISTRAR OF VOTERS

1. Committee Information

I.D. Number
(if applicable)

1451571

NAME OF COMMITTEE

Mokhbery for City Council 2022

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Laguna Niguel, CA 92677

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE

Orange County

JURISDICTION WHERE COMMITTEE IS ACTIVE

City of Laguna Niguel

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Thomas Montgomery

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

San Rafael, CA 94913-5703

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 12/23/22 By

Thomas Montgomery

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 12/23/22 By

Javad Mokhbery

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

Mokhbey for City Council 2022

I. D. NUMBER

1451571

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

NAME OF FINANCIAL INSTITUTION

U.S. Bank

AREA CODE/PHONE

4 [REDACTED]

BANK ACCOUNT NUMBER

[REDACTED]

ADDRESS

[REDACTED]

CITY

San Anselmo, CA 94960

STATE

ZIP CODE

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		
Javad Mokhbey	City Council Member	2022	Nonpartisan <input checked="" type="checkbox"/>	Partisan <input type="checkbox"/>	(list political party below)
			Nonpartisan <input type="checkbox"/>	Partisan <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 <input type="checkbox"/>	OPPOSE <input type="checkbox"/>
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>