

**Statement of Organization
Recipient Committee**

Statement Type

Initial

Not yet qualified *12/23* or

Amendment

Termination - See Part 5

Date qualification threshold met

Date qualification threshold met

Date of termination

2022-12-23 *12/23*

RECEIVED AND FILED

Date Stamp
in the office of the Secretary of State
of the State of California

CALIFORNIA FORM

410

For Official Use Only

FEB 01 2023

FEB 07 2023

REGISTRAR OF VOTERS

By *Laguna Niguel* Deputy

1. Committee Information

**I.D. Number
(if applicable)** 1451571

NAME OF COMMITTEE

Mokhberry 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 JURISDICTION WHERE COMMITTEE IS ACTIVE
Orange County City of 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 *12/23/22* By *12/23/22*

Thomas Montgomery

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on *12/23/22* By *12/23/22*

Javad Mokhberry

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Mokhberry 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	BANK ACCOUNT NUMBER	
ADDRESS	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 Mokhberry	City Council Member	2022	Nonpartisan <input checked="" type="checkbox"/>	Partisan <input type="checkbox"/>
			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"/>