

Mission Viejo

Statement of Organization Recipient Committee

Statement Type

Initial Amendment Termination - See Part 5
Not yet qualified or Date qualification threshold met
Date qualification threshold met
Date of termination

RECEIVED AND FILED
Date Stamp
CALIFORNIA FORM 410
FEB 22 2022

1. Committee Information I.D. Number 1342603
2. Treasurer and Other Principal Officers

NAME OF COMMITTEE: Wendy Bucknum for Mission Viejo City Council 2022
STREET ADDRESS (NO P.O. BOX)
CITY STATE ZIP CODE AREA CODE/PHONE
FULL MAILING ADDRESS (IF DIFFERENT)
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)
COUNTY OF DOMICILE: Orange
JURISDICTION WHERE COMMITTEE IS ACTIVE: Mission Viejo

NAME OF TREASURER: Victoria Avery
STREET ADDRESS (NO P.O. BOX)
CITY STATE ZIP CODE AREA CODE/PHONE
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 1-2-22 By [Signature] SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on 1-2-22 By Wendy [Signature] SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on DATE By SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
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