

**Statement of Organization  
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial <input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met _____/_____/_____	<input checked="" type="checkbox"/> Amendment Date qualification threshold met _____/_____/_____	<input type="checkbox"/> Termination – See Part 5 Date of termination _____/_____/_____
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Date Stamp  
**Received**  
 City of Mission Viejo  
 AUG - 9 2022  
 City Clerk

**CALIFORNIA FORM 410**  
 For Official Use Only

<b>1. Committee Information</b>	<b>I.D. Number</b> <i>(if applicable)</i> <u>1363603</u>	<b>2. Treasurer and Other Principal Officers</b>
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NAME OF COMMITTEE <u>SACHS FOR COUNCIL 2022</u>		NAME OF TREASURER <u>ED SACHS</u>	
STREET ADDRESS (NO P.O. BOX) [REDACTED]		STREET ADDRESS (NO P.O. BOX) [REDACTED]	
CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]	AREA CODE/PHONE [REDACTED]
FULL MAILING ADDRESS (IF DIFFERENT) <u>edasachs@gmail.com</u>		NAME OF ASSISTANT TREASURER, IF ANY	
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)		STREET ADDRESS (NO P.O. BOX)	
COUNTY OF DOMICILE <u>ORANGE</u>		JURISDICTION WHERE COMMITTEE IS ACTIVE <u>MISSION VIEJO</u>	
NAME OF PRINCIPAL OFFICER(S)		STREET ADDRESS (NO P.O. BOX)	
CITY		STATE	ZIP CODE
AREA CODE/PHONE		[REDACTED]	

*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 8/9/22 By [Signature]  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 8/9/22 By [Signature]  
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 \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT