

**Statement of Organization
Recipient Committee**

Statement Type

<input checked="" type="checkbox"/> Initial	<input type="checkbox"/> Amendment
<input checked="" type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met	<input type="radio"/> Termination – See Part 5
_____ / _____ / _____	Date qualification threshold met _____ / _____ / _____
	Date of termination _____ / _____ / _____

Date Stamp
Received
City of Mission Viejo
AUG 10 2022
City Clerk

CALIFORNIA FORM 410
For Official Use Only

1. Committee Information		I.D. Number 889051095 <i>LS</i>		2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE Committee to Elect Linda Shepard City Council District 1 2022		NAME OF TREASURER Linda Shepard		STREET ADDRESS (NO P.D. BOX) [REDACTED]			
STREET ADDRESS (NO P.D. BOX) [REDACTED]		CITY		STATE	ZIP CODE	AREA CODE/PHONE	
CITY		STATE		ZIP CODE	AREA CODE/PHONE		
FULL MAILING ADDRESS (IF DIFFERENT) N/A		NAME OF ASSISTANT TREASURER, IF ANY N/A		STREET ADDRESS (NO P.D. BOX) N/A			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) [REDACTED]		CITY		STATE	ZIP CODE	AREA CODE/PHONE	
COUNTY OF DOMICILE Orange		JURISDICTION WHERE COMMITTEE IS ACTIVE Mission Viejo, CA		NAME OF PRINCIPAL OFFICER(S) N/A		STREET ADDRESS (NO P.D. BOX) N/A	
Attach additional information on appropriately labeled continuation sheets.		CITY		STATE	ZIP CODE	AREA CODE/PHONE	
		N/A		N/A	N/A	N/A	

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 08/10/2022 By *Linda Shepard*
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 08/10/2022 By *Linda Shepard*
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on N/A By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on N/A By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME Committee to Elect Linda Shepard City Council District 1 for 2022	Page 2
	I.D. NUMBER

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

NAME OF FINANCIAL INSTITUTION Farmers & Merchants Bank - Long Beach	AREA CODE/PHONE [REDACTED]	BANK ACCOUNT NUMBER [REDACTED]
ADDRESS	CITY	STATE ZIP CODE
[REDACTED]		

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 PROONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		
Linda Shepard	City Council Member - District 1	2022	Nonpartisan	Partisan	(list political party below) N/A
N/A	N/A	N/A	Nonpartisan	Partisan	(list political party below) N/A

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	
N/A	N/A	SUPPORT	OPPOSE
N/A	N/A	SUPPORT	OPPOSE