

Mission Viejo

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 7 / 31 / 2020	<input type="checkbox"/> Termination - See Part 5 Date of termination ____ / ____ / ____
--	--	--

Date Stamp
Received
City of Mission Viejo
AUG 6 2020
City Clerk

CALIFORNIA FORM 410
For Official Use Only
AUG 28 2020
By: [Signature]

1. Committee Information		I.D. Number		2. Treasurer and Other Principal Officers	
Brian Goodell for City Council 2020		1382478 <small>(if applicable)</small>		Victoria Ruckstalis Avery	
STREET ADDRESS (NO P.O. BOX)		STREET ADDRESS (NO P.O. BOX)		CITY STATE ZIP CODE AREA CODE/PHONE	
CITY STATE ZIP CODE AREA CODE/PHONE		NAME OF ASSISTANT TREASURER, IF ANY		STREET ADDRESS (NO P.O. BOX)	
FULL MAILING ADDRESS (IF DIFFERENT)		STREET ADDRESS (NO P.O. BOX)		CITY STATE ZIP CODE AREA CODE/PHONE	
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)		NAME OF PRINCIPAL OFFICER(S)		STREET ADDRESS (NO P.O. BOX)	
COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE	CITY STATE ZIP CODE AREA CODE/PHONE		CITY STATE ZIP CODE AREA CODE/PHONE	
ORANGE	CITY OF MISSION VIEJO	Attach additional information on appropriately labeled continuation sheets.			

RECEIVED AND FILED
in the office of the Secretary of State
of the State of California
AUG 10 2020

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	8/6/2020	By	[Signature]
	DATE		SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on	8/6/2020	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

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 2

COMMITTEE NAME Brian Goodell for City Council 2020	I.D. NUMBER 1382478
---	------------------------

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

NAME OF FINANCIAL INSTITUTION Comerica Bank	AREA CODE/PHONE § [REDACTED]	BANK ACCOUNT NUMBER [REDACTED]
ADDRESS [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 PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		
			Nonpartisan	Partisan	(list political party below)
BRIAN GOODELL	MISSION VIEJO CITY COUNCIL	2020	<input checked="" type="checkbox"/>	<input type="checkbox"/>	(list political party below)
			<input type="checkbox"/>	<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	OPPOSE