

R 30

1470795



Tustin

Statement of Organization L Recipient Committee

Statement Type: [X] Initial, [] Amendment, [] Termination - See Part 5. Includes fields for qualification thresholds and date of termination.

Date Stamp: DIGITALLY RECEIVED AND FILED in the office of the California Secretary of State JUL 01 2024



1. Committee Information: John Nielsen for Tustin City Council 2024. I.D. Number (if applicable). 2. Treasurer and Other Principal Officers: John Nielsen (Treasurer), Jen Slater (Assistant Treasurer). Includes addresses and contact info for both.

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 07/01/2024 By [Signature] TITLE OF TREASURER OR ASSISTANT TREASURER. Executed on 07/01/2024 By [Signature] TITLE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT.

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME John Nielsen for Tustin City Council 2024	I.D. NUMBER
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All committees must list the financial institution where the campaign bank account is located and the person(s) authorized to obtain bank records.

NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RECORDS	AREA CODE/PHONE	BANK ACCOUNT NUMBER	
ADDRESS OF FINANCIAL INSTITUTION	CITY	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		
John Nielsen	City Council Member City of Tustin District 2	2024	Nonpartisan <input checked="" type="checkbox"/>	Partisan <input type="checkbox"/>	(list political party below)
			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"/>

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME
John Nielsen for Tustin City Council 2024

I.D. NUMBER

4. Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

- CITY Committee COUNTY Committee STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Small Contributor Committee

_____/_____/_____

Date qualified

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or ponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
 - There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
 - Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.

RECEIVED
AUG 28 2024
TUSTIN CITY CLERK'S OFFICE

Tustin

Statement of Organization
Recipient Committee

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Statement Type

<input type="checkbox"/> Initial	<input checked="" type="checkbox"/> Amendment	<input type="checkbox"/> Termination – See Part 5
<input type="radio"/> Not yet qualified or	Date qualification threshold met	Date of termination
<input type="radio"/> Date qualification threshold met	08 / 11 / 2024	

Date Stamp

DIGITALLY RECEIVED AND FILED
in the office of the California Secretary of State
AUG 12 2024

CALIFORNIA FORM 410

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RECEIVED
AUG 16 2024

BY:

1. Committee Information				2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE		I.D. Number <small>(if applicable)</small>		NAME OF TREASURER			
John Nielsen for Tustin City Council 2024		1470795		John Nielsen			
STREET ADDRESS (NO P.O. BOX)		CITY		STATE		ZIP CODE	
[REDACTED]		Tustin		CA		92780	
CITY		STATE		ZIP CODE		AREA CODE/PHONE	
Tustin		CA		92780		[REDACTED]	
FULL MAILING ADDRESS (IF DIFFERENT)		NAME OF ASSISTANT TREASURER, IF ANY		STREET ADDRESS (NO P.O. BOX)			
[REDACTED]		Jen Slater		9070 Irvine Center Drive #150			
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)		STREET ADDRESS (NO P.O. BOX)		CITY		STATE	
info@campaign-compliance.com		[REDACTED]		Irvine		CA	
COUNTY OF DOMICILE		JURISDICTION WHERE COMMITTEE IS ACTIVE		EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED)			
Orange		City of Tustin		info@campaign-compliance.com			
Attach additional information on appropriately labeled continuation sheets.				NAME OF PRINCIPAL OFFICER(S)			
				STREET ADDRESS (NO P.O. BOX)			
				CITY			
				STATE			
				ZIP CODE			
				EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED)			
				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	08/12/2024	By	[REDACTED]	SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on	08/12/2024	By	[REDACTED]	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on		By		SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on		By		SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME John Nielsen for Tustin City Council 2024	I.D. NUMBER 1470795
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NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RECORDS Bank of America - Jen Slater & John Nielsen	AREA CODE/PHONE (949)220-0940	BANK ACCOUNT NUMBER [REDACTED]
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ADDRESS OF FINANCIAL INSTITUTION 26831 Aliso Creek Road	CITY Aliso Viejo	STATE CA	ZIP CODE 92656
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4. Type of Committee Complete the applicable sections.

Controlled Committee

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			Nonpartisan	Partisan	(list political party below)

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		SUPPORT	OPPOSE

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

**CALIFORNIA
FORM 410**

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COMMITTEE NAME
John Nielsen for Tustin City Council 2024

I.D. NUMBER
1470795

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CITY Committee

COUNTY Committee

STATE Committee

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INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

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