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501-5-4

City of San Clemente

Statement of Organization Recipient Committee

SEP 15 2014

Date Stamp

RECEIVED AND FILED
in the office of the Secretary of State
of the State of California

JUL 17 2014

CALIFORNIA FORM 410
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AUG 08 2014

REGISTRAR OF VOIERS

Statement Type Initial Amendment * Termination - See Part 5

Not yet qualified or

List ID number # 882300

Date qualified as committee _____ Date qualified as committee (if applicable) _____ Date of Termination _____

1 Committee Information

NAME OF COMMITTEE
BUSINESSES FOR A BETTER SAN CLEMENTE

STREET ADDRESS (NO P.O. BOX)
1231 PUERTA DEL SOL STE 200

CITY STATE ZIP CODE AREA CODE/PHONE
SAN CLEMENTE CA 92673

MAILING ADDRESS (IF DIFFERENT)

FAX / E MAIL ADDRESS

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE

2 Treasurer and Other Principal Officers

NAME OF TREASURER
CHARLES E NAREP

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

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 7/8/14 By _____ SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on _____ By _____ 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

* CHANGE OF ADDRESS ONLY