

4-5-105

501-5-4

Statement of Organization Recipient Committee

Statement Type Initial Amendment * Termination - See Part 5

Not yet qualified or List I D number

882300 # _____

_____/_____/_____ _____/_____/_____ _____/_____/_____

Date qualified as committee Date qualified as committee (If applicable) Date of Termination

Date Stamp

City of San Clemente

JUL 15 2014

City Clerk Department

CALIFORNIA FORM 410

For Official Use Only

1 Committee Information 2 Treasurer and Other Principal Officers

NAME OF COMMITTEE

BUSINESSES FOR A BETTER SAN CLEMENTE

STREET ADDRESS (NO PO 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

NAME OF TREASURER

CHARLES E NAREY

STREET ADDRESS (NO PO BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF ASSISTANT TREASURER IF ANY

STREET ADDRESS (NO PO BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO PO 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 _____

DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

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

Executed on _____ By _____

DATE SIGNATURE OF CONTROLLING OFFICEHOLDER CANDIDATE OR STATE MEASURE PROPONENT

* CHANGE OF ADDRESS ONLY