

Statement of Organization Recipient Committee

STATEMENT OF ORGANIZATION

Type or print in ink

Statement Type

Initial

Not yet qualified or

Amendment

List ID number

882300

Termination - See Part 5

List ID number

#

Date qualified as committee

Date qualified as committee (if applicable)

Date of Termination

Date Stamp: CITY OF SAN CLEMENTE, MAR 09 2012, CITY CLERK DEPARTMENT. CALIFORNIA FORM 410 For Official Use Only

1 Committee Information

NAME OF COMMITTEE

BUSINESSES FOR A BETTER SAN CLEMENTE

STREET ADDRESS (NO P.O. BOX)

1100 N EL CAMINO REAL

CITY

STATE

ZIP CODE

AREA CODE/PHONE

SAN CLEMENTE

CA

92672

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL FAX / E MAIL ADDRESS

COUNTY OF DOMICILE

ORANGE

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE

Attach additional information on appropriately labeled continuation sheets

2 Treasurer and Other Principal Officers

NAME OF TREASURER

CHARLES E NAREY

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

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 3/7/12 DATE

By [Signature] SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on DATE

By SIGNATURE OF CONTROLLING OFFICEHOLDER CANDIDATE OR STATE MEASURE PROPONENT

Executed on DATE

By SIGNATURE OF CONTROLLING OFFICEHOLDER CANDIDATE OR STATE MEASURE PROPONENT

Executed on DATE

By SIGNATURE OF CONTROLLING OFFICEHOLDER CANDIDATE OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**



INSTRUCTIONS ON REVERSE

Page 2

COMMITTEE NAME

BUSINESSES FOR A BETTER SAN CLEMENTE

ID NUMBER

882300

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 non-partisan
- 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
			<input type="checkbox"/> Non Partisan
			<input type="checkbox"/> Non Partisan

- List the financial institution where the campaign bank account is located (controlled candidate election committees only)

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER

ADDRESS	CITY	STATE	ZIP CODE

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)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO CITY OR COUNTY AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE

**Statement of Organization
Recipient Committee**



INSTRUCTIONS ON REVERSE

Page 3
ID NUMBER
882300

COMMITTEE NAME
BUSINESSES FOR A BETTER SAN CLEMENTE

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

SUPPORT OR OPPOSE SAN CLEMENTE CITY COUNCIL CANDIDATES OR MEASURES

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
SAN CLEMENTE CHAMBER OF COMMERCE				
1100 N EL CAMINO REAL		SAN CLEMENTE	CA	92672

Small Contributor Committee _____
Date qualified

5 Termination Requirements By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent 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

ADDENDUM
STATEMENT OF ORGANIZATION
FORM 410

BUSINESSES FOR A BETTER SAN CLEMENTE
ID # 882300

List of Principal Officers

Chairman of the Board

Bernard A Allen
[REDACTED]

Vice Chairman

Leo Dennis

951 Avenida Pico

San Clemente, CA 92673
[REDACTED]

1st Vice Chairman

Adele Lux

2600 Ave Del Presidente

San Clemente, CA 92672
[REDACTED]

2nd Vice Chairman

Christopher Abel
[REDACTED]

Treasurer/CFO

Charles E Narey
[REDACTED]