

501-5-4

Statement of Organization Recipient Committee

STATEMENT OF ORGANIZATION

Type or print in ink

Statement Type [] Initial Not yet qualified [] or

[X] Amendment List ID number # 882300 Date qualified as committee

[] Termination - See Part 5 List ID number # Date of Termination

Date Stamp: CITY OF SAN CLEMENTE, JAN 25 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: 1100 N EL CAMINO REAL. CITY: SAN CLEMENTE, STATE: CA, ZIP CODE: 92672. COUNTY OF DOMICILE: ORANGE.

2 Treasurer and Other Principal Officers

NAME OF TREASURER: CHARLES E NAREY. STREET ADDRESS: [REDACTED]. CITY: [REDACTED], STATE: [REDACTED], ZIP CODE: [REDACTED], AREA CODE/PHONE: [REDACTED].

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 1/25/12 DATE. Executed on DATE. Executed on DATE. Executed on DATE.

By [REDACTED] SIGNATURE OF TREASURER OR ASSISTANT TREASURER. By [REDACTED] SIGNATURE OF CONTROLLING OFFICEHOLDER CANDIDATE OR STATE MEASURE PROPONENT.