

501-5-28

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Statement of Organization Recipient Committee

STATEMENT OF ORGANIZATION

Type or print in ink

Statement Type Initial

Not yet qualified or

Date qualified as committee

Amendment

List I.D. number:

1333021

Date qualified as committee (if applicable)

Termination - See Part 5

List I.D. number:

#

Date of Termination

CITY OF SAN CLEMENTE
OCT 8 - 2012
CITY CLERK DEPARTMENT

CALIFORNIA FORM 410 For Official Use Only

1. Committee Information

NAME OF COMMITTEE
WATCHDOG FOR SAN CLEMENTE RESPONSIBLE GOVERNMENT - A COMMITTEE FORMED TO OPPOSE JIM DAHL AND MICHAEL MORTENSON FOR CITY COUNCIL 2012

STREET ADDRESS (NO P.O. BOX)
30240 RANCHO VIEJO RD., STE. A
CITY STATE ZIP CODE AREA CODE/PHONE
SAN JUAN CAPISTRANO CA 92675

MAILING ADDRESS (IF DIFFERENT)
OPTIONAL: FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE
ORANGE

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER
JERI MANN
STREET ADDRESS (NO P.O. BOX)
30240 RANCHO VIEJO RD., STE. A
CITY STATE ZIP CODE AREA CODE/PHONE
SAN JUAN CAPISTRANO CA 92675

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 10/08/2012
Executed on
Executed on
Executed on

By [Signature]
By [Signature]
By [Signature]
By [Signature]

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STATEMENT OF ORGANIZATION

CALIFORNIA FORM 410

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

WATCHDOG FOR SAN CLEMENTE RESPONSIBLE GOVERNMENT - A COMMITTEE FORMED TO OPPOSE JIM DAHL AND

I.D. NUMBER

1333021

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 PROPONENT	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
JIM DAHL	CITY COUNCIL		X
MICHAEL MORTENSON	CITY COUNCIL		X