

Statement of Organization Recipient Committee

Statement Type Initial Amendment Termination - See Part 5
 Not yet qualified or List I.D. number: # 1333021
 Date qualified as committee: _____ Date qualified as committee (if applicable): _____ Date of Termination: _____

Date Stamp
City of San Clemente
SEP 15 2014
City Clerk Department

1. Committee Information

NAME OF COMMITTEE
WATCHDOG FOR SAN CLEMENTE RESPONSIBLE GOVT - A
 STREET ADDRESS (NO P.O. BOX) *Committee Formed to Oppose Jim Dahl City Council 2014*
63 VIA PICO PLAZA - STE 113
 CITY STATE ZIP CODE AREA CODE/PHONE
SAN CLEMENTE CA 92672
 MAILING ADDRESS (IF DIFFERENT)
 TAX/E-MAIL ADDRESS
 COUNTY OF DOMICILE **ORANGE** JURISDICTION WHERE COMMITTEE IS ACTIVE

2. Treasurer and Other Principal Officers

NAME OF TREASURER
JERI L MANN
 STREET ADDRESS (NO P.O. BOX)
63 VIA PICO PLAZA - STE 113
 CITY STATE ZIP CODE AREA CODE/PHONE
SAN CLEMENTE CA 92672
 NAME OF ASSISTANT TREASURER, IF ANY
 STREET ADDRESS (NO P.O. BOX)
 CITY STATE ZIP CODE AREA CODE/PHONE
 NAME OF PRINCIPAL OFFICER(S)
JANICE G SMITH
 STREET ADDRESS (NO P.O. BOX)
63 VIA PICO PLAZA - STE 113
 CITY STATE ZIP CODE AREA CODE/PHONE
SAN CLEMENTE CA 92672

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 09/12/2013 By _____ TREASURER OR ASSISTANT TREASURER
 Executed on 09/12/2013 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

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

**CALIFORNIA
FORM 410**

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COMMITTEE NAME

WATCHDOG FOR SAN CLEMENTE RESPONSIBLE GOVT - A COMMITTEE FORMED TO OPPOSE

I.D. NUMBER

1333021

Jim Dahl City Council 2014

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION BANK OF AMERICA		AREA CODE/PHONE (888)287-4637	BANK ACCOUNT NUMBER [REDACTED]	
ADDRESS 300 SOUTH EL CAMINO REAL	CITY SAN CLEMENTE	STATE CA	ZIP CODE 92672	

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 "nonpartisan."
- 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"/> Nonpartisan
			<input type="checkbox"/> Nonpartisan

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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>