

501-528

Statement of Organization Recipient Committee

Statement Type: [] Initial [x] Amendment [] Termination - See Part 5. List I.D. number: # 1333021. Date qualified as committee: 09/15/2016.

Date Stamp: City of San Clemente, SEP 15 2016, City Clerk Department. CALIFORNIA FORM 410 For Official Use Only.

1. Committee Information 2. Treasurer and Other Principal Officers

1. Committee Information: NAME OF COMMITTEE: WATCHDOG FOR SAN CLEMENTE RESPONSIBLE GOVT-A COMMITTEE FORMED TO OPPOSE DAN BANE AND STEVE SWARTZ FOR CITY COUNCIL 2016. STREET ADDRESS: 63 VIA PICO PLAZA - STE 113. CITY: SAN CLEMENTE, STATE: CA, ZIP CODE: 92672.

2. Treasurer and Other Principal Officers: NAME OF TREASURER: JERI L MANN. STREET ADDRESS: 63 VIA PICO PLAZA - STE 113. CITY: SAN CLEMENTE, STATE: CA, ZIP CODE: 92672. NAME OF ASSISTANT TREASURER, IF ANY: JANICE G SMITH. STREET ADDRESS: 63 VIA PICO PLAZA - STE 113. CITY: SAN CLEMENTE, STATE: CA, ZIP CODE: 92692.

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 [] DATE [] By [] SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT.

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

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**WATCHDOG FOR SAN CLEMENTE RESPONSIBLE GOVT-
A COMMITTEE FORMED TO OPPOSE DAN BANE AND STEVE SWARTZ FOR CITY COUNCIL 2016**

I.D. NUMBER
1333021

- 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 ZIP CODE CA 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	
DAN BANE	CITY COUNCIL	SUPPORT <input type="checkbox"/>	OPPOSE <input checked="" type="checkbox"/>
STEVE SWARTZ	CITY COUNCIL	SUPPORT <input type="checkbox"/>	OPPOSE <input checked="" type="checkbox"/>