

501-5-26

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Statement of Organization  
Recipient Committee

Statement Type:  Initial  Amendment  Termination - See Part 5

Not yet qualified  or

List I.D. number: # 1312003

Date qualified as committee: \_\_\_\_\_ Date qualified as committee (if applicable): \_\_\_\_\_ Date of Termination: \_\_\_\_\_

Date Stamp  
City of San Clemente  
JAN 29 2015  
City Clerk Department

**CALIFORNIA FORM 410**  
For Official Use Only:

1. Committee Information

NAME OF COMMITTEE  
**VISION SAN CLEMENTE**

STREET ADDRESS (NO P.O. BOX)  
**30240 RANCHO VIEJO ROAD, #A**

CITY STATE ZIP CODE AREA CODE/PHONE  
**SAN JUAN CAPISTRANO CA 92675**

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE  
**ORANGE San Clemente**

2. Treasurer and Other Principal Officers

NAME OF TREASURER  
**JERI MANN**

STREET ADDRESS (NO P.O. BOX)  
**30240 RANCHO VIEJO RD., STE.**

CITY STATE ZIP CODE AREA CODE/PHONE  
**SAN JUAN CAPISTRANO 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)  
**CHARLES 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**

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, 01/08/2015 By: \_\_\_\_\_  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on, 1/8/2015 By: \_\_\_\_\_  
DATE SIGNATURE OF CANDIDATE, OR STATE MEASURE PROPONENT

Executed on, \_\_\_\_\_ By: \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on, \_\_\_\_\_ By: \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME  
**VISION SAN CLEMENTE**

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

NAME OF FINANCIAL INSTITUTION <b>BANK OF AMERICA</b>	AREA CODE/PHONE <b>(949)366-0163</b>	BANK ACCOUNT NUMBER [REDACTED]
ADDRESS <b>300 S. EL CAMINO REAL</b>	CITY <b>SAN CLEMENTE</b>	STATE ZIP CODE <b>CA 92672</b>

**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 <input type="checkbox"/>	OPPOSE <input type="checkbox"/>
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>

Statement of Organization  
Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME:  
VISION SAN CLEMENTE

I.D. NUMBER  
1312003

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:

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

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.