| Statement of C Recipient Com | • | Date Stamp City of San Clemente | CALIFORNIA 410 | | | | |
|---------------------------------|--|----------------------------------|--|--------------------------|--------------------------------|--|--|
| Statement Type | ☐ Initial ○ Not yet qualified | ☑ Amendment | ☐ Termination – See Part 5 | OCT 1 5 2018 | For Official Use Only | | |
| | O Date qualification threshold met | Date qualification threshold met | Date of termination | City Clerk Department | | | |
| | | / | | | | | |
| 1. Committee In | formation. I.D. Number (if applicable | 4000004 | 2. Treasurer and | Other Principal Officers | 11.1 | | |
| | R SAN CLEMENTE RESPON RMED TO OPPOSE DAN BA | | IERLI MANN | | | | |
| | | | 63 VIA PICO PLAZA | A - STE 113 | | | |
| STREET ADDRESS (NO RO. | | | GITY SAN CLEMENTE | state CA | zip code Area code/phone 92672 | | |
| SAN CLEMENTE | state zip c CA | ODE AREA CODE/PHONE | NAME OF ASSISTANT TREASURER, | IF ANY | | | |
| FULL MAILING ADDRESS (I | IF DIFFERENT) | | STREET ADDRESS (NO P.O. BOX) | | | | |
| E-MAIL ADDRESS (REQUIR | ED) / FAX (OPTIONAL) | | - arry | STATE | ZIP CODE AREA CODE/PHONE | | |
| COUNTY OF DOMICILE | JURISDICTION WHERE COM | MMITTEE IS ACTIVE | NAME OF PRINCIPAL OFFICER(S) | | • | | |
| ORANGE SAN CLEMENTE | | | JANICE G SMITH | | | | |
| | | | STREET ADDRESS (NO R.O. BOX) 63 VIA PICO PLAZA | Ą | | | |
| Attach additional i | information on appropriately lab | eled continuation sheets | CITY | STATE | ZIP CODE AREA CODE/PHONE | | |
| Adden duditionari. | njormation on appropriately tab | cied continuation streets. | SAN CLEMENTE | CA | 92672 | | |
| | easonable diligence in preparing y under the laws of the State of 10/14/2018 | | true and correct. | | and complete. I certify under | | |
| Executed on | 10/14/2018 By | SIGNATURE OF CONTRO | REASURER OR ASSISTANT TREASURI | | | | |
| Executed on | By By | | | | | | |
| Executed on | DATE By | SIGNATURE OF CONTRO | LLING OFFICEHOLDER, CANDIDATE, OR STATE M | TEASURE PROPONENT | | | |

FPPC Form 410 (August/2018)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

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|---|--------------------------|--------------------------|--|---|--|--|--|--|
| Statement of Organization Recipient Committee | | : | | CALIFORNIA 410 | | | | |
| INSTRUCTIONS ON REVERSE | | | | | | | | |
| | | Page 2 | | | | | | |
| WATCHDOG FOR SAN CLEMENTE RESPONSIBLE GOVT - A COLUNCIL 2018 | 1.D. NUMBER 1333021 | | | | | | | |
| All committees must list the financial institution where the campaign bank a | account is located. | | | | | | | |
| NAME OF FINANCIAL INSTITUTION | AREA CODE/PHONE | BANK ACCOU | UNT NUMBER | | | | | |
| BANK OF AMERICA | 888-287-4637 | | | | | | | |
| ADDRESS | CiTY | STATE | ZIP CODE | | | | | |
| 300 SOUTH EL CAMINO REAL S. | AN CLEMENTE | CA | 92672 | | | | | |
| 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." Stating "No party preference" is acceptable. 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 | (INCLUDE DISTRICT NUMBER | (IF APPLICABLE) | ELECTION CHI Nonpartisar | ECK ONE Partisan [list political party below] | | | | |
| | ***** | | Nonpartisar | | | | | |
| · | | | | | | | | |
| Primarily Formed Committee Primarily formed to support or oppose CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME. | CANDIDAT | E(S) OFFICE SOUGHT OR HE | ection. List below: ELD OR MEASURE(S) JURISDICTI DR COUNTY, AS APPLICABLE) | ON CHECK ONE | | | | |
| DAN BANE | CITY COUNCIL | | | SUPPORT OPPOSE | | | | |

Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA 410

Page 3

| | | | | rage 3 |
|---------------------------------------|---|--|--|-------------------------------------|
| WATCHDOG FOR SAN C | 1333021 | | | |
| 4. Type of Committee | (Continued) | | | |
| General Purpose Committe | Not formed to support or op CITY Committee | pose specific candidates or measure COUNTY Committee | s in a single election. Check only one bot STATE Committee | c |
| PROVIDE BRIEF DESCRIPTION OF ACTIVITY | | | | |
| Sponsored Committee | List additional sponsors on an atta | chment. | | |
| NAME OF SPONSOR | • | INDUSTRY GROUP OR AFFILIATI | ON OF SPONSOR | |
| STREET ADDRESS NO. AN | NO STREET | СІТУ | STATE ZIP CODE | AREA CODE/PHONE |
| Small Contributor Committe | Oate qualified | | | |
| 5. Termination Require | ments By signing the verification -t | he treasurer, assistant treasurer and/or candid | ate 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.