Statement of C Recipient Com		Date Stamp	CALIFORNIA 410			
Statement Type	Initial Not yet qualified or O Date qualification threshold met	Amendment Date qualification threshold met	☐ Termination – See Part 5 Date of termination	JUL 0 5 2019 City Clerk Department	For Official Use Only	
1. Committee In	formation I.D. Numb		2. Treasurer and	Other Principal Officer	S	
	Hinhle For S Council 2019		NAME OF TREASURER Jack Son STREET ADDRESS (NO P.O. BOX)	Hinkle		
STREET ADDRESS (NO P.O	STATE ZIP	code Area code/phone	NAME OF ASSISTANT TREASURER,	mente CA	zip code AREA CODE/PHONE 92672	
FULL MAILING ADDRESS (STREET ADDRESS (NO P.O. BOX)			
E-MAIL ADDRESS (REQUIR	red)/fax(optional) San clemente@go	nail. com	СІТУ	STATE	ZIP CODE AREA CODE/PHONE	
COUNTY OF DOMICILE	San clemente @g. JURISDICTION WHERE CO San C	lemente !	NAME OF PRINCIPAL OFFICER(S) Jackson	Hinkle		
Attach additional	information on appropriately lab	neled continuation sheets.	CITY San Cle	mente CA	ZIP CODE AREA CODE/BHONE 92672	
penalty of perjui	easonable diligence in preparing ry under the laws of the State of	California that the foregoing is	of my knowledge the informates true and engreet.	tion contained herein is true	e and complete. I certify under	
Executed on	one 21, 2019 DATE DATE DATE BY DATE		OR ASSISTANT TREASUR	RER .		
		RE OF CONTR	OLLING OFFICEHOLDER, CANDIDATE, OR STATE N	MEASURE PROPONENT		
Executed on	DATE By		OLLING OFFICEHOLDER, CANDIDATE, OR STATE N			
	DATE	SIGNATURE OF CONTR	OLLING OFFICEHOLDER, CANDIDATE, OR STATE	MEASURE PROPONENT	FDDG F 440 (4 /2040)	

Statement of Organization		CALIFORNIA 440		
Recipient Committee	FORM 410			
INSTRUCTIONS ON REVERSE		Page 2		
Jackson Hinkle For So	9	1419381		
All committees must list the financial institution where the	campaign bank account is located.			
NAME OF FINANCIAL INSTITUTION Bank of the West-BN	P Paribas AREA CODE/PHONE 949-248-56	BANK ACCOUNT NO	UMBER	
G41 Camino De Los Mares CI	30 San clemente	STATE	21P CODE 92672	
4. Type of Committee Complete the applicable sect	ions.			
 List the name of each controlling officeholder, candidar district number, if any, and the year of the election. List the political party with which each officeholder or If this committee acts jointly with another controlled or 	candidate is affiliated or check "nonpartisa	n." Stating "No party p	reference" is accept	cable.
NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPON	ELECTIVE OFFICE SOUGH	T OR HELD Y	EAR OF P	ARTY CCK ONE
Jackson Hinkle	San Clearly Co.	uncil 2	Nonpartisan	Partisan (list political party below)
			Nonpartisan	Partisan (list political party below)
Primarily Formed Committee Primarily formed to su	pport or oppose specific candidates or mea	sures in a single election	on. List below:	
CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLO IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLE		S) OFFICE SOUGHT OR HELD O UDE DISTRICT NO., CITY OR CO		ON CHECK ONE

SUPPORT