

**Statement of Organization
Recipient Committee**

Statement Type

<input checked="" type="checkbox"/> Initial	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination - See Part 5
<input checked="" type="checkbox"/> Not yet qualified or <input type="checkbox"/> Date qualification threshold met	Date qualification threshold met	Date of termination
____/____/____	____/____/____	____/____/____

Date Stamp City of San Clemente	CALIFORNIA FORM 410
SEP 23 2019	For Official Use Only
City Clerk Department	

1. Committee Information

I.D. Number
(if applicable)

NAME OF COMMITTEE
ELECT MICKEY McLANE CAMPAIGN ACCOUNT

STREET ADDRESS (NO P.O. BOX)
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE
SAN CLEMENTE, CA 92672 [REDACTED]

FULL MAILING ADDRESS (IF DIFFERENT)
[REDACTED]

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)
MICKEY McLANE@outlook.com

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
ORANGE SAN CLEMENTE

2. Treasurer and Other Principal Officers

NAME OF TREASURER
MICHAEL (MICKEY) McLANE

STREET ADDRESS (NO P.O. BOX)
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE
SAN CLEMENTE, CA 92672 [REDACTED]

NAME OF ASSISTANT TREASURER, IF ANY
NONE

STREET ADDRESS (NO P.O. BOX)
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE
[REDACTED]

NAME OF PRINCIPAL OFFICER(S)
MICHAEL (MICKEY) McLANE

STREET ADDRESS (NO P.O. BOX)
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE
SAN CLEMENTE, CA 92672 [REDACTED]

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 19 Sept 2019 By [REDACTED]

Executed on _____ By _____
SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

copy