

501-36-6

Statement of Organization
Recipient Committee

Statement Type

Initial

Not yet qualified
or

Date qualification threshold met

Amendment

Date qualification threshold met

Termination - See Part 5

Date of termination

Date Stamp

City of San Clemente

SEP 25 2019

City Clerk Department

CALIFORNIA FORM 410

For Official Use Only

1. Committee Information

I.D. Number
(if applicable)

2. Treasurer and Other Principal Officers

NAME OF COMMITTEE

Elect MICKEY McLANE to San
Clemente City Council 2019

NAME OF TREASURER

MICHAEL (MICKEY) McLANE

STREET ADDRESS (NO P.O. BOX)

[Redacted]

STREET ADDRESS (NO P.O. BOX)

[Redacted]

CITY STATE ZIP CODE

SAN CLEMENTE, CA 92672

CITY STATE ZIP CODE

SAN CLEMENTE, CA 92672

FULL MAILING ADDRESS (IF DIFFERENT)

NAME OF ASSISTANT TREASURER, IF ANY

None

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)

[Redacted]

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

CITY STATE JURISDICTION WHERE COMMITTEE IS ACTIVE

ORANGE SAN CLEMENTE

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

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 Signature]

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on _____

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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