

**Statement of Organization
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial	<input type="checkbox"/> Amendment	<input checked="" type="checkbox"/> Termination - See Part 5
<input type="radio"/> Not yet qualified or Date qualification threshold met	<input type="radio"/> Date qualification threshold met	Date of termination 12/31/2019 31 DEC 2019

Date Stamp
City of San Clemente
JAN 30 2020
City Clerk Department

CALIFORNIA FORM 410
For Official Use Only

1. Committee Information I.D. Number (if applicable) 1421502 **2. Treasurer and Other Principal Officers**

NAME OF COMMITTEE
Elect MICKEY McLANE SAN CLEMENTE City Council 2019

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

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

FULL MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)
[REDACTED]

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
Orange SAN CLEMENTE

NAME OF TREASURER
MICHAEL (MICKEY) McLANE

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

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

NAME OF ASSISTANT TREASURER, IF ANY
none

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

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

Executed on	30 JAN 2020	By	[REDACTED]	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on	30 JAN 2020	By	[REDACTED]	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on	DATE	By		SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on	DATE	By		SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

elect Mickey McLane San Clemente City Council 2019

I.D. NUMBER

1421502

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

NAME OF FINANCIAL INSTITUTION

AREA CODE/PHONE

BANK ACCOUNT NUMBER

BANK OF AMERICA

949 366 0163



ADDRESS

CITY

STATE

ZIP CODE

300 S. EL CAMINO REAL #100

San Clemente, CALIFORNIA

92672

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." 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	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		
<i>MICHAEL (MICKEY) McLANE</i>	<i>San Clemente City Council</i>	<i>2019</i>	Nonpartisan <input checked="" type="checkbox"/>	Partisan <input type="checkbox"/>	(list political party below)
			Nonpartisan <input type="checkbox"/>	Partisan <input type="checkbox"/>	(list political party below)

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) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	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"/>