Statement of C		City of San Clemente	CALIFORNIA AAO		
Recipient Com	ımittee	Oity of San Clemente	FORM 410		
Statement Type	☐ Initial O Not yet qualified	✓ Amendment	☐ Termination – See Part 5	AUG 0 3 2523	For Official Use Only
	O Date qualification threshold met		Date of termination	City Clerk Department	
		7 / 21 / 2020	Executation of contract the contract of the co		
1. Committee	Information I.D. Number	Other Principal Officers			
NAME OF COMMITTEE	G 41.0000		NAME OF TREASURER		
Bill Hart for City	Council 2020		Christy MacBride-H	art	
			STREET ADDRESS (NO P.O. BOX)	n, personal film to the second control of th	
STREET ADDRESS (NO P.O.	BOX)	or the control of the	CITY	STATE	ZIP CODE AREA CODE/PHONE
CITY	TO PROMOTORY WINDOWN THE STORM SECOND OF THE PROMOTORY SECOND SEC		San Clemente	CA	92672
San Clemente	STATE ZIP C CA 920		NAME OF ASSISTANT TREASURER	i, IF ANY	
FULL MAILING ADDRESS (I	F DIFFERENT)	e eta almetanio ante esta esta esta esta esta esta esta es	STREET ADDRESS (NO P.O. BOX)		
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E-MAIL ADDRESS (REQUIR	ED) / FAX (OPTIONAL)		CITY	STATE	ZIP CODE AREA CODE/PHONE
	COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE			остипностью на объем до то в селься могра станов Аднова вый обласностью постоя на постоя на област сторы меньом месамення	
Orange	City of San Cleme	ente			
			STREET ADDRESS (NO P.O. BOX)		
Attach additional	l information on appropriately la	beled continuation sheets.	СІТҮ	STATE	ZIP CODE AREA CODE/PHONE
3. Verification					
I have used all rea	asonable diligence in preparing	his statement and to the besi	t of my knowledge the informat	tion contained herein is true a	and complete. I certify under
penalty of perjur	y under the laws of the State of	California that the foregoing i	s true and correct.		
Executed on	DATE By		nedagoterenkarsanjatanikononyanakonotasaniahaniahaniahaniahaniahaniahaniahani	and a limited of the first of the section of the se	eropologica discretization de servicio de
Executed on 7/3	0/2020 By	010	SHATORE OF TREASURER OR ASSISTANT TREASUR	RER	
and a constant of the same depresentation	DATE	SIGNATURE OF CONTR	OLLING OFFICEHOLDER, CANDIDATE, OR STATE N	MEASURE PROPONENT	Prefix the Anna Control (Control (Contr
Executed on	DATE By				
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Executed on	DATE By	SIGNATURE OF CONTR	OLLING OFFICEHOLDER, CANDIDATE, OR STATE N	MEASURE PROPONENT	NAP-VIN-SERGIO SIGNATURA MISSA

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

Statement of Organization Recipient Committee							CALIFORNIA 41							
INSTRUCTIONS ON REVERSE	Page 2													
COMMITTEE NAME  I.D. N								I.D. NUMBER 1427255						
All committees must list the financial institution where the campaign bank account is located.														
NAME OF FINANCIAL INSTITUTION	IANCIAL INSTITUTION AREA CODE/PHONE BANK A						DATES AND	COTTON AND THE REAL OF STREET, AND THE STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET,						
Sunwest Bank	(800)	330-9890												
ADDRESS	CITY	as en en el del merom de amendo en en se se se se socio de consecuenció de la consideración de la consider	STATE	ZI	P CODE		AN AN ACTUAL AND AN	HARTON TO CONTROL STORMS OF HIS PROPERTY OF HE HARTON						
905 Calle Amenecer, Suite 100	San (	Clemente	CA	9	2673									
4. Type of Committee Complete the applicable sections.							Janes Allera Barran							
Controlled Committee	Security & Contraction on the contraction and contraction on the	and we would be some the second and the second												
<ul> <li>List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled,</li> <li>also list the elective office sought or held, and district number, if any, and the year of the election.</li> </ul>														
<ul> <li>List the political party with which each officeholder or candidate</li> </ul>	is affiliate	ed or check "nonpartisan." Stati	ing "No pa	rty prefere	nce" is accep	otable								
• 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 APPLICABI	YEAR OF ELECTION	PART CHECK										
William Hart		Member of City Council		2020	Nonpartisan	Partisan (list political party below)		ty below)						
			nthe challenge of china and a part the death of success	OFFICE OF THE STATE OF THE STAT	Nonpartisan	Partisan	(list political part	ty below)						
Primarily Formed Committee Primarily formed to support or op	pose spec	cific candidates or measures in a	a single ele	ction. List	: below:	Langing and management of the properties of the		ленен бөлөрүү ор өз өз өзүү олон ор						
CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETT 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)					СНЕСК	ONE							
	aguntyaniusootimakakiseuvääääyyminen aika					n de puri de la diferencia de la companio de la dela companio de la dela companio de la dela companio de la de	SUPPORT	OPPOSE						
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## Statement of Organization **CALIFORNIA Recipient Committee FORM INSTRUCTIONS ON REVERSE** Page 3 COMMITTEE NAME I.D. NUMBER Bill Hart for City Council 2020 1427255 4. Type of Committee General Purpose Committee Not formed to support or oppose specific candidates or measures in a single election. Check only one box: ☐ CITY Committee ☐ COUNTY Committee ☐ STATE Committee PROVIDE BRIEF DESCRIPTION OF ACTIVITY Sponsored Committee List additional sponsors on an attachment. NAME OF SPONSOR INDUSTRY GROUP OR AFFILIATION OF SPONSOR STREET ADDRESS NO. AND STREET CITY STATE ZIP CODE AREA CODE/PHONE

Date qualified

5. Termination Requirements By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or ponent 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

Small Contributor Committee

- 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.