

City of San Clemente

AUG 04 2020

City Clerk Department

Statement of Organization  
Recipient Committee

Statement Type

<input type="checkbox"/> Initial <input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met	<input type="checkbox"/> Amendment Date qualification threshold met	<input checked="" type="checkbox"/> Termination - See Part 5 Date of termination 7 / 31 / 2020
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Date Stamp	<b>CALIFORNIA FORM 410</b> For Official Use Only
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1. Committee Information		I.D. Number				2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE Dee Coleman for City Council 2019		NAME OF TREASURER Charles McLucas				STREET ADDRESS (NO P.O. BOX) 903 Calle Amanecer			
STREET ADDRESS (NO P.O. BOX) 2485 S El Camino Real		CITY San Clemente		STATE CA	ZIP CODE 92672	AREA CODE/PHONE			
CITY San Clemente		STATE CA	ZIP CODE 92672	AREA CODE/PHONE		NAME OF ASSISTANT TREASURER, IF ANY			
FULL MAILING ADDRESS (IF DIFFERENT)		STREET ADDRESS (NO P.O. BOX)							
E-MAIL ADDRESS (REQUIRED IF FAC (OPTIONAL))		CITY		STATE	ZIP CODE	AREA CODE/PHONE			
COUNTY OF DOMICILE Orange		JURISDICTION WHERE COMMITTEE IS ACTIVE San Clemente		NAME OF PRINCIPAL OFFICER(S)					
		STREET ADDRESS (NO P.O. BOX)							
		CITY		STATE	ZIP CODE	AREA CODE/PHONE			

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 information provided is true and correct.

Executed on	7/31/2020	DATE	By	[Signature]	SIGNATURE
Executed on	7/31/2020	DATE	By	[Signature]	SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on		DATE	By		SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on		DATE	By		SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT