

**Statement of Organization  
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Not yet qualified or <input type="checkbox"/> Date qualification threshold met _____/_____/_____	<input type="checkbox"/> Amendment Date qualification threshold met _____/_____/_____	<input type="checkbox"/> Termination – See Part 5 Date of termination _____/_____/_____
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Date Stamp <b>City of San Clemente</b>  AUG 26 2020  <b>City Clerk Department</b>	<b>CALIFORNIA FORM 410</b> For Official Use Only
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1. Committee Information				2. Treasurer and Other Principal Officers			
I.D. Number <i>(if applicable)</i>							
NAME OF COMMITTEE <b>Elect Jim Dahl 2020 San Clemente City Council</b>				NAME OF TREASURER <b>James S.Dahl</b>			
STREET ADDRESS (NO P.O. BOX) _____				STREET ADDRESS (NO P.O. BOX) _____			
STREET ADDRESS (NO P.O. BOX) _____		CITY <b>San Clemente</b>		STATE <b>Ca</b>		ZIP CODE <b>92672</b>	
CITY <b>San Clemente</b>		STATE <b>Calif</b>		ZIP CODE <b>92672</b>		AREA CODE/PHONE _____	
FULL MAILING ADDRESS (IF DIFFERENT) _____				NAME OF ASSISTANT TREASURER, IF ANY _____			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) <b>jimdahl@dslextreme.com</b>				STREET ADDRESS (NO P.O. BOX) _____			
COUNTY OF DOMICILE <b>Orange</b>		JURISDICTION WHERE COMMITTEE IS ACTIVE <b>San Clemente</b>		CITY _____			
NAME OF PRINCIPAL OFFICER(S) _____				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 08-14-2020 By [Signature] TREASURER OR ASSISTANT TREASURER

Executed on 08-14-2020 By [Signature] 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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COMMITTEE NAME Elect Jim Dahl 2020 San Clemente City Council	I.D. NUMBER
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• All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION FARMERS & MERCHANTS BANK	AREA CODE/PHONE 949-373-2470	BANK ACCOUNT NUMBER [REDACTED]
ADDRESS 621 North El Camino Real	CITY San Clemente	STATE Calif
		ZIP CODE 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		
Jim Dahl	City Council	2020	Nonpartisan <input checked="" type="checkbox"/>	Partisan	(list political party below)
			Nonpartisan	Partisan	(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	OPPOSE
		SUPPORT	OPPOSE

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I.D. NUMBER

COMMITTEE NAME

**4. Type of Committee** (Continued)

*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

Election Candidate Committee

*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

*Small Contributor Committee*

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Date qualified

**5. Termination Requirements**

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, orponent 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
- 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.