Statement of Organization Recipient Committee					Date Stamp		CALIFORN	IIA 410	
					City of San Cler	nente	FORM		
Statement Type	☐ Initial	☐ Amendment	V	Termination – See Part 5			For Offic	cial Use Only	
	O Not yet qualified		NA CONTRACTOR OF THE PERSON OF		JAN 0 4 20	21			
	O Date qualification threshold met	Date qualification threshold met		Date of termination	City Clerk Depar	ment			
	/	/		12 / 17 / 2020					
1. Committee		2. Treasurer and	Other Principal C	fficers	<b>,</b>				
NAME OF COMMITTEE				NAME OF TREASURER					
Bill Hart for City Council 2020				Christy MacBride-H	Christy MacBride-Hart				
				STREET ADDRESS (NO P.O. BOX)	STREET ADDRESS (NO P.O. BOX)				
				PO Box 3544	PO Box 3544				
STREET ADDRESS (NO P.O.	BOX)		_	CITY	S	TATE	ZIP CODE	AREA CODE/PHONE	
				San Clemente		CA	92675		
CITY STATE ZIP CODE AREA CODE/PHONE				NAME OF ASSISTANT TREASURE	R, IF ANY	SERVICE CONTRACTOR SERVICES			
San Clemente	CA 926	72							
FULL MAILING ADDRESS (IF DIFFERENT)				STREET ADDRESS (NO P.O. BOX)			the Managarian Paul de Peter de Paul Paul de Walters de State de Paul de State de la communité de communité de		
PO Box 2544, San Clemente, CA 92674									
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)				СІТҮ	S	TATE	ZIP CODE	AREA CODE/PHONE	
COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE				NAME OF PRINCIPAL OFFICER(S)					
Orange	ge City of San Clemente								
	ere men et en			STREET ADDRESS (NO P.O. BOX)					
Attach additional information on appropriately labeled continuation sheets.				СІТУ	S	TATE	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 foregoing is true and correct.									
Executed on 12/17/20 By									
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER									
Executed on	2/12/20 By								
	DAIC	SIGNATURE OF CONTR	ROLLII	NG OFFICEHOLDER, CANDIDATE, OR STATE	MEASURE PROPONENT				
Executed on	DATE By	SIGNATURE OF CONTE	ROLLII	NG OFFICEHOLDER, CANDIDATE, OR STATE I	MEASURE PROPONENT		PARTIE PARTIE AND CONTROL OF THE PARTIE OF T		
Executed on	D	SIGNAL OF CONTI		I SENIOLDERY SANDIDATE, OR STATE	SORE I NOI ONLINI				
LACCULEU OII	DATE By	SIGNATURE OF CONTI	ROLLI	NG OFFICEHOLDER, CANDIDATE, OR STATE	MEASURE PROPONENT	e Africa (Comment of the Comment of	Minima APP par transport and transport		

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