

**Statement of Organization
Recipient Committee**

Statement Type

Initial Not yet qualified or Date qualification threshold met ____/____/____	Amendment Date qualification threshold met ____/____/____	Termination - See Part 5 Date of termination <u>3, 29, 2021</u>
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City of San Clemente
MAR 29 2021
City Clerk Department

CALIFORNIA FORM 410
For Official Use Only

1. Committee Information		2. Treasurer and Other Principal Officers	
I.D. Number (if applicable) <u>1430029</u>		NAME OF TREASURER <u>JIM DAHL</u>	
NAME OF COMMITTEE <u>ELECT JIM DAHL 2020 SAN CLEMENTE CITY COUNCIL</u>		STREET ADDRESS (NO P.O. BOX) [REDACTED]	
STREET ADDRESS (NO P.O. BOX) [REDACTED]		CITY <u>SAN CLEMENTE</u>	STATE <u>CA</u>
CITY <u>SAN CLEMENTE</u>	STATE <u>CA</u>	ZIP CODE <u>92672</u>	AREA CODE/PHONE [REDACTED]
FULL MAILING ADDRESS (IF DIFFERENT)		NAME OF ASSISTANT TREASURER, IF ANY	
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) <u>JIMDAHL@DSLEXTRME.COM</u>		STREET ADDRESS (NO P.O. BOX)	
COUNTY OF DOMICILE <u>ORANGE</u>	JURISDICTION WHERE COMMITTEE IS ACTIVE <u>SAN CLEMENTE</u>	CITY	STATE
Attach additional information on appropriately labeled continuation sheets.		ZIP CODE	AREA CODE/PHONE
		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 foregoing is true and correct.

Executed on 3-29-2021 By [REDACTED] TREASURER OR ASSISTANT TREASURER

Executed on 3-29-2021 By [REDACTED] MEMBER, 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