

**Statement of Organization  
Recipient Committee**

Date Stamp <b>City of San Clemente</b>	<b>CALIFORNIA FORM 410</b>
JUL 30 2021	For Official Use Only
City Clerk Department	

Statement Type

<input type="checkbox"/> Initial <input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met ____/____/____	<input checked="" type="checkbox"/> Amendment Date qualification threshold met 07 / 20 / 2021	<input type="checkbox"/> Termination – See Part 5 Date of termination ____/____/____
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1. Committee Information				2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE <b>BUSINESSES FOR A BETTER SAN CLEMENTE</b>				NAME OF TREASURER <b>NICK BUCHANAN</b>			
STREET ADDRESS (NO P.O. BOX) <b>1231 PUERTA DEL SOL</b>				STREET ADDRESS (NO P.O. BOX) <b>1231 PURTA DEL SOL , Unit 200</b>			
CITY <b>SAN CLEMENTE</b>	STATE <b>CA</b>	ZIP CODE <b>92673</b>	AREA CODE/PHONE <b>949-492-1131</b>	CITY <b>SAN CLEMENTE</b>	STATE <b>CA</b>	ZIP CODE <b>92673</b>	AREA CODE/PHONE <b>949-492-1131</b>
FULL MAILING ADDRESS (IF DIFFERENT)				NAME OF ASSISTANT TREASURER, IF ANY			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) <b>ARLEN@SCCHAMBER.COM</b>				STREET ADDRESS (NO P.O. BOX)			
COUNTY OF DOMICILE <b>ORANGE</b>		JURISDICTION WHERE COMMITTEE IS ACTIVE <b>SAN CLEMENTE</b>		CITY STATE ZIP CODE AREA CODE/PHONE			
Attach additional information on appropriately labeled continuation sheets.				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 7-20-2021 By [Redacted Signature]  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
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