Returned: _____

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 ___/___/___

Date Stamp
RECEIVED AND FILED in the office of the Secretary of State of the State of California

AUG 08 2022

City of San Clemente For Official Use Only

AUG 25 2022

City Clerk Department

1. Committee Information

I.D. Number (if applicable)

NAME OF COMMITTEE

San Clemente Republicans

STREET ADDRESS (NO P.O. BOX)

███████████

CITY   STATE   ZIP CODE   AREA CODE/PHONE

███████████

FULL MAILING ADDRESS (IF DIFFERENT)

███████████

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)

briana@bbcampaigns.com

COUNTY OF DOMICILE

Orange County

JURISDICTION WHERE COMMITTEE IS ACTIVE

Orange County

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Briana Baleskie

STREET ADDRESS (NO P.O. BOX)

███████████

CITY   STATE   ZIP CODE   AREA CODE/PHONE

███████████

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY   STATE   ZIP CODE   AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

George Wayne Eggleston

STREET ADDRESS (NO P.O. BOX)

███████████

███████████

3. Verification

I have used all reasonable diligence in prepar███████████ of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State███████████ true and correct.

Executed on 8/4/2022 By ███████████
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 _____
DATE   SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME	I.D. NUMBER
San Clemente Republicans	

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER
ADDRESS	CITY	STATE	ZIP CODE

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		
			Nonpartisan	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

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

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

San Clemente Republicans

I.D. NUMBER

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

To support Republican candidates

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, or ponent 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.

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