

City of San Clemente

Statement of Organization Recipient Committee

Statement Type

Initial
 Not yet qualified or
 Date qualification threshold met
 Date qualification threshold met: 8/29/22

Amendment
 Date qualification threshold met: _____

Termination - See Part 5
 Date of termination: _____

Date Stamp
SEP 19 2022

CALIFORNIA FORM 410
For Official Use Only

City Clerk Department

| 1. Committee Information | | I.D. Number | | 2. Treasurer and Other Principal Officers | | | |
|---|--|---|--|---|--|--------------------|--|
| NAME OF COMMITTEE <u>Thor Johnson for San Clemente City Council 2022</u> | | I.D. NUMBER | | NAME OF TREASURER <u>Thor Johnson</u> | | | |
| CITY [REDACTED] | | STATE <u>CA</u> | | CITY <u>San Clemente</u> | | STATE <u>CA</u> | |
| FULL MAILING ADDRESS (IF DIFFERENT) <u>San Clemente</u> | | ZIP CODE [REDACTED] | | NAME OF ASSISTANT TREASURER, IF ANY [REDACTED] | | | |
| E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) [REDACTED] | | CITY | | STATE | | ZIP CODE | |
| COUNTY OF COMMISSION <u>Orange</u> | | JURISDICTION WHERE COMMITTEE IS ACTIVE <u>San Clemente</u> | | NAME OF PRINCIPAL OFFICER(S) | | | |
| [REDACTED] | | [REDACTED] | | STREET ADDRESS (NO P.O. BOX) | | | |
| [REDACTED] | | [REDACTED] | | CITY | | | |
| [REDACTED] | | [REDACTED] | | STATE | | | |
| [REDACTED] | | [REDACTED] | | ZIP CODE | | | |
| [REDACTED] | | [REDACTED] | | 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 9-9-22 By _____ SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 9-9-22 By _____ SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

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I.D. NUMBER

COMMITTEE NAME
Thor Johnson for San Clemente City Council 2022

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

NAME OF FINANCIAL INSTITUTION
Bank of America

AREA CODE/PHONE
949 366-0163

BANK ACCOUNT NUMBER
[REDACTED]

ADDRESS
300 S. El Camino Real #100

CITY
San Clemente

STATE
CA

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 | | (list political party below) |
|--|---|------------------|-------------------------------------|--------------------------|------------------------------|
| | | | Nonpartisan | Partisan | |
| <i>Thor Johnson</i> | <i>San Clemente City Council</i> | <i>2022</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <i>No Party Preference</i> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | (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 |
| | | | |
| | | | |