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City of San Clemente

San Clemente

1454112

NOV 08 2022

Statement of Organization Recipient Committee

Statement Type

Initial
 Not yet qualified
or
 Date qualification threshold met
8/18/22

Amendment
Date qualification threshold met
____/____/____

Termination - See Part 2
Date of termination
____/____/____

Date Stamp
RECEIVED AND FILED
Office of the Secretary of State
of the State of California
SEP 18 2022

CALIFORNIA FORM 410
For Official Use Only
OCT 14 2022
REGISTRAR OF VOTERS
FE [Signature]

1. Committee Information I.D. Number (if applicable)

NAME OF COMMITTEE
Thor Johnson for San Clemente City Council 2022

STREET ADDRESS (NO P.O. BOX)
[Redacted]

CITY STATE ZIP CODE AREA CODE/PHONE
San Clemente CA [Redacted]

FULL MAILING ADDRESS (IF DIFFERENT)
[Redacted]

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)
[Redacted]

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
Orange San Clemente

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Thor Johnson

STREET ADDRESS (NO P.O. BOX)
[Redacted]

CITY STATE ZIP CODE AREA CODE/PHONE
San Clemente CA [Redacted]

NAME OF ASSISTANT TREASURER, IF ANY
[Redacted]

STREET ADDRESS (NO P.O. BOX)
[Redacted]

CITY STATE ZIP CODE AREA CODE/PHONE
[Redacted]

NAME OF PRINCIPAL OFFICER(S)
[Redacted]

STREET ADDRESS (NO P.O. BOX)
[Redacted]

CITY STATE ZIP CODE AREA CODE/PHONE
[Redacted]

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 [Redacted] is true and correct.

Executed on 9-9-22 By [Redacted] SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 9-9-22 By [Redacted] SIGNATURE OF CONTROLLING OFFICEHOLDER, 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

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 2

COMMITTEE NAME <i>Thor Johnson for San Clemente City Council 2022</i>	I.D. NUMBER
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All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION <i>Bank of America</i>	AREA CODE/PHONE <i>949 366-0163</i>	BANK ACCOUNT NUMBER [REDACTED]
ADDRESS <i>300 S. El Camino Real #100</i>	CITY <i>San Clemente</i>	STATE <i>CA</i>
		ZIP CODE <i>92672</i>

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