

San Clemente

Statement of Organization
Recipient Committee

Statement Type

Initial
 Not yet qualified or
 Date qualification threshold met

Amendment
 Date qualification threshold met 08, 12, 2020

Termination - See Part 5
 Date of termination

RECEIVED BY
LOS ANGELES COUNTY

2022 AUG 12 PM 5:22

CAMPAIGN FINANCE

Date Stamp
RECEIVED AND FILE
 in the office of the Secretary of State
 of the State of California
JUL 29 2022

CALIFORNIA FORM 410
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 OCT 27 2022
 REGISTRAR OF VOTERS

1. Committee Information				I.D. Number				2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE <u>Knoblock for City Council 2020</u> <u>CHANG TO:</u> <u>Knoblock for City Council 2022</u>				<u>1426039</u>				NAME OF TREASURER <u>Steven Knoblock</u>			
STREET ADDRESS (NO P.O. BOX)				CITY				STATE			
				<u>San Clemente</u>				<u>CA</u>			
CITY				STATE				NAME OF ASSISTANT TREASURER, IF ANY			
								<u>N/A</u>			
FULL MAILING ADDRESS (IF DIFFERENT)				STREET ADDRESS (NO P.O. BOX)							
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)				CITY				STATE			
COUNTY OF DOMICILE				JURISDICTION WHERE COMMITTEE IS ACTIVE				NAME OF PRINCIPAL OFFICER(S)			
STREET ADDRESS (NO P.O. BOX)				CITY				STATE			
CITY				STATE				ZIP CODE			
AREA CODE/PHONE				AREA CODE/PHONE				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 7-25-22 By [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 _____
 DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

City of San Clemente

NOV 09 2022

City Clerk Department

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME <i>Knoblock for City Council 2022</i> // <i>ORIGINALLY: Knoblock for City Council 2020</i>	I.D. NUMBER <i>1430039</i>
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• All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION <i>ORANGE County's Credit Union</i>	AREA CODE/PHONE <i>714-755-5900</i>	BANK ACCOUNT NUMBER [REDACTED]
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ADDRESS <i>28221 Marguerite Pkwy</i>	CITY <i>Mission Viejo</i>	STATE <i>CA</i>	ZIP CODE <i>92692</i>
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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		
<i>Steven C. Knoblock</i>	<i>San Clemente City Council</i>	<i>2022</i>	Nonpartisan	Partisan <input checked="" type="checkbox"/>	(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	
<i>Steven C. Knoblock</i>	<i>San Clemente City Council</i>	SUPPORT <input checked="" type="checkbox"/>	OPPOSE
		SUPPORT	OPPOSE

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INSTRUCTIONS ON REVERSE

CALIFORNIA FORM 410

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COMMITTEE NAME

Knoblock for City Council 2022

I.D. NUMBER

1430039

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

Support Steven C. Knoblock for City Council

THIS AMENDMENT IS FILED BECAUSE I AM RUNNING FOR RE-ELECTION AND WISH TO KEEP THE SAME COMMITTEE NUMBER AND BANK ACCOUNT - THEREFORE RENAME THE COMMITTEE

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.