

Statement of Organization
Recipient Committee

Statement Type

Initial
 Not yet qualified
 Date qualification threshold met
 Date qualification threshold met

Amendment
 Termination - See Part 5

Date Stamp

City of San Clemente

JAN 12 2023

City Clerk Department

CALIFORNIA 410
FORM

For Official Use Only

1. Committee Information		I.D. Number	
NAME OF COMMITTEE		1452979	
San Clemente Republicans			
STREET ADDRESS (NO P.O. BOX)		[REDACTED]	
CITY	STATE	ZIP CODE	AREA CODE/PHONE
San Clemente	CA	[REDACTED]	[REDACTED]
FULL MAILING ADDRESS (IF DIFFERENT)		[REDACTED]	
PO Box 64 San Clemente, CA 92674		[REDACTED]	
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)		[REDACTED]	
briana@bbcampaigns.com		[REDACTED]	
COUNTY OF DOMICILE		JURISDICTION WHERE COMMITTEE IS ACTIVE	
Orange		Orange County	
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 above information is true and correct.			
Executed on	DATE	By	NATURE OF TREASURER OR ASSISTANT TREASURER
Executed on	10/17/2022	[REDACTED]	[REDACTED]
Executed on	DATE	By	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent
Executed on	DATE	By	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent
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COMMITTEE NAME San Clemente Republicans		I.D. NUMBER 1452979	
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- 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	(list political party below)
			Nonpartisan	Nonpartisan
			Nonpartisan	Nonpartisan

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

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I.D. NUMBER

1452979

COMMITTEE NAME

San Clemente Republicans

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 candidates who share Republican values

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, officer/holder, 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.