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City of San Clemente
DEC 9 2023

Statement of Organization
Recipient Committee

Statement Type

<input checked="" type="checkbox"/> Initial	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination – See Part 5
<input checked="" type="checkbox"/> Not yet qualified or <input type="checkbox"/> Date qualification threshold met	Date qualification threshold met	Date of termination

Date Stamp

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Secretary of State
NOV 13 2023

CALIFORNIA FORM 410
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1. Committee Information		I.D. Number <i>(if applicable)</i>		2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE		Beach Stewards for San Clemente		NAME OF TREASURER Jen Slater			
STREET ADDRESS (NO P.O. BOX)		9070 Irvine Center Drive #150		STREET ADDRESS (NO P.O. BOX)		9070 Irvine Center Drive #150	
CITY		Irvine		CITY		Irvine	
STATE		CA		STATE		CA	
ZIP CODE		92618		ZIP CODE		92618	
AREA CODE/PHONE		[REDACTED]		AREA CODE/PHONE		[REDACTED]	
FULL MAILING ADDRESS (IF DIFFERENT)				EMAIL ADDRESS OF TREASURER (REQUIRED) info@campaign-compliance.com			
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)		info@campaign-compliance.com		NAME OF ASSISTANT TREASURER, IF ANY			
COUNTY OF DOMICILE		Orange		STREET ADDRESS (NO P.O. BOX)			
JURISDICTION WHERE COMMITTEE IS ACTIVE		City of San Clemente		CITY			
				STATE			
				ZIP CODE			
				AREA CODE/PHONE			
				EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED)			
				NAME OF PRINCIPAL OFFICER(S) Steve Lang			
				STREET ADDRESS (NO P.O. BOX)		[REDACTED]	
				CITY		[REDACTED]	
				STATE		[REDACTED]	
				ZIP CODE		[REDACTED]	
				AREA CODE/PHONE		[REDACTED]	
				EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED)			
				[REDACTED]			
				[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 that the foregoing is true and correct.

Executed on 11/13/2023 By [REDACTED] SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on _____ By _____ 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

COMMITTEE NAME Beach Stewards for San Clemente	I.D. NUMBER
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All committees must list the financial institution where the campaign bank account is located and the person(s) authorized to obtain bank records.

NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RECORDS	AREA CODE/PHONE	BANK ACCOUNT NUMBER
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ADDRESS OF FINANCIAL INSTITUTION	CITY	STATE	ZIP CODE
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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		(list political party below)
			Nonpartisan	Partisan	

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
Coastal Resilience & Funding Measure : PND	City of San Clemente	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

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I.D. NUMBER

COMMITTEE NAME
Beach Stewards for San Clemente

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

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.