

**Statement of Organization
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial	<input type="checkbox"/> Amendment	<input checked="" type="checkbox"/> Termination – See Part 5
<input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met	Date qualification threshold met	Date of termination
____/____/____	____/____/____	12 / 31 / 2023

Date Stamp
City of San Clemente
JAN 25 2024
City Clerk Department

CALIFORNIA FORM 410
For Official Use Only

1. Committee Information	I.D. Number 1312003 <small>(if applicable)</small>	2. Treasurer and Other Principal Officers
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NAME OF COMMITTEE
VISION SAN CLEMENTE - A COMMITTEE FORMED TO SUPPORT JACKSON HINKLE FOR SAN CLEMENTE CITY COUNCIL 2019

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

CITY STATE ZIP CODE AREA CODE/PHONE
[REDACTED]

FULL MAILING ADDRESS (IF DIFFERENT)
[REDACTED]

E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)
[REDACTED]

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
ORANGE

Attach additional information on appropriately labeled continuation sheets.

NAME OF TREASURER
JERI L MANN

STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE
[REDACTED]

EMAIL ADDRESS OF TREASURER (REQUIRED) AREA CODE/PHONE
[REDACTED] 949-493-5900

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE
[REDACTED]

EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED) AREA CODE/PHONE
[REDACTED]

NAME OF PRINCIPAL OFFICER(S)
CHARLES MANN

STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE
[REDACTED]

EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED) 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 that the foregoing information is correct.

Executed on 1/15/2024 By [REDACTED]
DATE SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on 1/15/2024 By [REDACTED]
DATE SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPONENT

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

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