

**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	Date qualification threshold met	Date of termination
<input type="radio"/> Date qualification threshold met	____/____/____	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 (if applicable) 1294524
NAME OF COMMITTEE SAVE SAN CLEMENTE OPEN SPACE	
STREET ADDRESS (NO P.O. BOX) [REDACTED]	
CITY	STATE ZIP CODE AREA CODE/PHONE
[REDACTED]	[REDACTED]
FULL MAILING ADDRESS (IF DIFFERENT)	
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL) [REDACTED]	
COUNTY OF DOMICILE ORANGE	JURISDICTION WHERE COMMITTEE IS ACTIVE SAN CLEMENTE
Attach additional information on appropriately labeled continuation sheets.	

2. Treasurer and Other Principal Officers			
NAME OF TREASURER CHARLES MANN			
STREET ADDRESS (NO P.O. BOX)	CITY	STATE	ZIP CODE
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
EMAIL ADDRESS OF TREASURER (REQUIRED)		AREA CODE/PHONE	
[REDACTED]		949-493-5900	
NAME OF ASSISTANT TREASURER, IF ANY			
[REDACTED]			
STREET ADDRESS (NO P.O. BOX)	CITY	STATE	ZIP CODE
[REDACTED]			
EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED)		AREA CODE/PHONE	
[REDACTED]		[REDACTED]	
NAME OF PRINCIPAL OFFICER(S) CHARLES MANN			
STREET ADDRESS (NO P.O. BOX)	CITY	STATE	ZIP CODE
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED)		AREA CODE/PHONE	
[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

Executed on	<u>01/09/2024</u>	By	[REDACTED]
	DATE		
Executed on	<u>01/09/2024</u>	By	[REDACTED]
	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