K CALIFORNIA 440 30 MAY 0 2 2024 Statement of Organization Date Stamp **Recipient Committee FORM** ity Clerk Department Statement Type **✓** Initial Amendment Termination - See Part 5 For Official Use Only DIGITALLY RECEIVED AND FILED Not yet qualified in the office of the California Secretary of State O Date qualification threshold met Date qualification threshold met Date of termination **APR 19 2024** R / RLM I.D. Number 2. Treasurer and Other Principal Officers 1. Committee Information (if applicable) NAME OF COMMITTEE NAME OF TREASURER Ioana Barcelona Sarah Schneider for San Clemente City Council 2024 STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE 1400 N Harbor Blvd. Suite 550 Fullerton CA 92835 EMAIL ADDRESS OF TREASURER (REQUIRED) AREA CODE/PHONE STREET ADDRESS (NO P.O. BOX) 1400 N Harbor Blvd. Suite 550 NAME OF ASSISTANT TREASURER, IF ANY CITY STATE ZIP CODE Fullerton CA 92835 STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE FULL MAILING ADDRESS (IF DIFFERENT) EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED) AREA CODE/PHONE E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL) NAME OF PRINCIPAL OFFICER(S) COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE City of San Clemente Orange STREET ADDRESS (NO P.O. BOX) CITY ZIP CODE STATE AREA CODE/PHONE EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED) 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. 04/19/24 Executed on SIGNATURE OF TREASURER OR ASSISTANT TREASURER Sarah Schneider (Apr 19, 2024 13:15 PDT) Executed on SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT Executed on SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT Executed on By SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

City of San Clemente

FPPC Form 410 (October/2023)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

Statement of Organization

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Recipient Committee				FORM	1 10
INSTRUCTIONS ON REVERSE				Page 2	
COMMITTEE NAME Sarah Schneider for San Clemente City Council 2024				I.D. NUMBER	
All committees must list the financial institution where the campaign bank acc	ount is located and	the person(s) authorize	d to obtain bar	nk records.	
NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RECORDS	e e	AREA CODE/PHONE	BANK ACCOU	JNT NUMBER	
ADDRESS OF FINANCIAL INSTITUTION	CITY		STATE	ZIP CODE	
4. Type of Committee Complete the applicable sections.					
Controlled Committee	onent If candidate o	r officabolder 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					
Sarah Schneider	Council Member, City of San Clemente Dist. 4	2024	Nonpartisan	Partisan	(list political par	ty below)			
		2021	✓						
				Nonpartisan	Partisan	(list political par	ty 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) OUT OF THE OFFICEHOLDER'S NAME. CANDIDATE(S) OFFICE SOUGHT OR IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME. (INCLUDE DISTRICT NO., CIT					ION	CHECK	ONE		
						SUPPORT	OPPOSE		
						SUPPORT	OPPOSE		

Statement of Organization CALIFORNIA **Recipient Committee FORM** INSTRUCTIONS ON REVERSE Page 3 COMMITTEE NAME I.D. NUMBER Sarah Schneider for San Clemente City Council 2024 4. Type of Committee (Continued) Not formed to support or oppose specific candidates or measures in a single election. Check only one box: General Purpose Committee 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

5. Termination Requirements

Small Contributor Committee

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.