

**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 City of San Clemente	CALIFORNIA FORM 410
MAY 09 2024	For Official Use Only
City Clerk Department	

1. Committee Information				I.D. Number <small>(If applicable)</small>				2. Treasurer and Other Principal Officers																							
NAME OF COMMITTEE Rick Loeffler for San Clemente City Council 2024				NAME OF TREASURER Rick Loeffler				NAME OF ASSISTANT TREASURER, IF ANY																							
STREET ADDRESS (NO P.O. BOX) [REDACTED]				STREET ADDRESS (NO P.O. BOX) [REDACTED]				STREET ADDRESS (NO P.O. BOX)																							
CITY San Clemente		STATE Ca		ZIP CODE [REDACTED]		AREA CODE/PHONE [REDACTED]		CITY San Clemente		STATE Ca		ZIP CODE [REDACTED]		AREA CODE/PHONE [REDACTED]																	
FULL MAILING ADDRESS (IF DIFFERENT)				E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)				CITY				STATE				ZIP CODE				AREA CODE/PHONE											
COUNTY OF DOMICILE Orange				JURISDICTION WHERE COMMITTEE IS ACTIVE City of San Clemente				NAME OF PRINCIPAL OFFICER(S)				STREET ADDRESS (NO P.O. BOX)				CITY				STATE				ZIP CODE				AREA CODE/PHONE			
<i>Attach additional information on appropriately labeled continuation sheets.</i>																															

3. Verification

I have used all reasonable diligence in the preparation of this statement and I know the information contained herein is true and complete. I certify under penalty of perjury under the laws of California that the information is true and correct.

Executed on	May 9, 2024	DATE	_____	TREASURER OR ASSISTANT TREASURER
Executed on	May 9, 2024	DATE	_____	OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
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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I.D. NUMBER

Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME Rick Loeffler for San Clemente City Council 2024	I.D. NUMBER
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- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION Farmers and Merchants Bank	AREA CODE/PHONE 949 373-2470	BANK ACCOUNT NUMBER
ADDRESS 621 N. El Camino Real	CITY San Clemente	STATE Ca
		ZIP CODE 92672

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		
Rick Loeffler	Council Member for San Clemente District 3	2024	<input checked="" type="checkbox"/> Nonpartisan	<input type="checkbox"/> Partisan	(list political party below)
			<input type="checkbox"/> Nonpartisan	<input type="checkbox"/> Partisan	(list political party 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) 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
		SUPPORT	OPPOSE