

JUN 20 2024

San Clemente

Statement of Organization Recipient Committee

City Clerk Department

Date Stamp

CALIFORNIA FORM 410

For Official Use Only

RECEIVED JUN 10 2024

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Statement Type

Initial
 Not yet qualified or
 Date qualification threshold met

Amendment

Date qualification threshold met 11 / 9 / 2023

Termination - See Part 5

Date of termination _____

1. Committee Information		I.D. Number (if applicable)		1463790		2. Treasurer and Other Principal Officers							
NAME OF COMMITTEE				NAME OF TREASURER									
Wu for City Council 2024				Zhen Wu									
STREET ADDRESS (NO P.O. BOX)				CITY		STATE		ZIP CODE					
[REDACTED]				San Clemente		CA		[REDACTED]					
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)				EMAIL ADDRESS OF TREASURER (REQUIRED)				AREA CODE/PHONE					
[REDACTED]				[REDACTED]				[REDACTED]					
CITY				STATE		ZIP CODE		AREA CODE/PHONE					
San Clemente				CA		[REDACTED]		[REDACTED]					
FULL MAILING ADDRESS (IF DIFFERENT)				NAME OF ASSISTANT TREASURER, IF ANY									
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)				STREET ADDRESS (NO P.O. BOX)				CITY		STATE		ZIP CODE	
[REDACTED]				[REDACTED]				San Clemente		CA		[REDACTED]	
COUNTY OF DOMICILE				JURISDICTION WHERE COMMITTEE IS ACTIVE									
Orange				City of San Clemente									
Attach additional information on appropriately labeled continuation sheets.				NAME OF PRINCIPAL OFFICER(S)									
				Zhen Wu									
				STREET ADDRESS (NO P.O. BOX)		CITY		STATE		ZIP CODE			
				[REDACTED]		San Clemente		CA		[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

Executed on 12/24/2023 By _____ ASSISTANT TREASURER

Executed on 12/24/2023 By _____ DATE, 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

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COMMITTEE NAME
Wu for City Council 2024

I.D. NUMBER
1463790

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 Wells Fargo Bank N.A.		AREA CODE/PHONE 9494936526	BANK ACCOUNT NUMBER [REDACTED]	
ADDRESS OF FINANCIAL INSTITUTION 638 Camino De Los Mares, Suite 100H		CITY San Clemente	STATE CA	ZIP CODE 92673

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	
Zhen Wu	San Clemente City Council, District 4 member	2024	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	(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
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

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COMMITTEE NAME
Wu for City Council 2024

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
to run a local election campaign

Sponsored Committee List additional sponsors on an attachment.

NAME OF SPONSOR	INDUSTRY GROUP OR AFFILIATION OF SPONSOR
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STREET ADDRESS	NO. AND STREET	CITY	STATE	ZIP CODE	AREA CODE/PHONE
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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.