

**Statement of Organization
Recipient Committee**

Statement Type

Initial
 Not yet qualified
 or
 Date qualification threshold met

Amendment
 Date qualification threshold met

Termination – See Part 5
 Date of termination

Date Stamp
City of San Clemente
SEP 23 2024
City Clerk Department

1. Committee Information

NAME OF COMMITTEE
Amanda Quintanilla for San Clemente City Council
 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
 [REDACTED]

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Amanda Quintanilla
 STREET ADDRESS (NO P.O. BOX)
 [REDACTED]
 CITY STATE ZIP CODE
San Clemente Ca 92672
 EMAIL ADDRESS OF TREASURER (REQUIRED)
 [REDACTED]
 NAME OF ASSISTANT TREASURER, IF ANY
 [REDACTED]
 STREET ADDRESS (NO P.O. BOX)
 CITY STATE ZIP CODE
 [REDACTED]
 EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED)
 [REDACTED]
 NAME OF PRINCIPAL OFFICER(S)
 [REDACTED]
 STREET ADDRESS (NO P.O. BOX)
 CITY STATE ZIP CODE
 [REDACTED]
 EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED)
 [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 is true and correct.

Executed on 9-23-24 By [REDACTED] ASSISTANT TREASURER
 Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROponent
 Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROponent
 Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROponent

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COMMITTEE NAME
Amanda Quintanilla for San Clemente City Council 2024

I.D. NUMBER

• 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

AREA CODE/PHONE
(949) 492-1196

BANK ACCOUNT NUMBER
[REDACTED]

ADDRESS OF FINANCIAL INSTITUTION
601 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		(list political party below)
			Nonpartisan	Partisan	
<u>Amanda Quintanilla</u>	<u>Council Member, City of San Clemente</u>	<u>2024</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Nonpartisan</u>
			<input type="checkbox"/>	<input type="checkbox"/>	<u>Nonpartisan</u>

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.	CHECK ONE	
	SUPPORT	OPPOSE
CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)		

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I.D. NUMBER

COMMITTEE NAME

Amanda Quintanilla for San Clemente 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

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

Small Contributor Committee

_____/_____/_____
Date qualified

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer, and/or candidate, officeholder, orponent certifies 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.