

**Statement of Organization
Recipient Committee**

Statement Type

| | | |
|--|---|---|
| <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Not yet qualified or <input checked="" type="checkbox"/> Date qualification threshold met 10 / 10 / 2024 | <input type="checkbox"/> Amendment Date qualification threshold met ____ / ____ / ____ | <input type="checkbox"/> Termination – See Part 5 Date of termination ____ / ____ / ____ |
|--|---|---|

| | |
|---|---|
| Date Stamp | CALIFORNIA FORM 410 For Official Use Only |
| City of San Clemente NOV 8 2024 City Clerk Department | |

| 1. Committee Information | 2. Treasurer and Other Principal Officers |
|---|---|
| I.D. Number <small>(if applicable)</small> NAME OF COMMITTEE Point of Friction STREET ADDRESS (NO P.O. BOX) _____ CITY STATE ZIP CODE AREA CODE/PHONE _____ FULL MAILING ADDRESS (IF DIFFERENT) _____ E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL) _____ COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE Roanoke USA <i>Attach additional information on appropriately labeled continuation sheets.</i> | NAME OF TREASURER Jeffrey Hoeflich-Nickels STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE _____ EMAIL ADDRESS OF TREASURER (REQUIRED) AREA CODE/PHONE _____ NAME OF ASSISTANT TREASURER, IF ANY _____ STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE _____ EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED) AREA CODE/PHONE _____ NAME OF PRINCIPAL OFFICER(S) Jeffrey Hoeflich-Nickels STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE _____ EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED) AREA CODE/PHONE _____ |

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 | <u>11/8/2024</u> | By | <u>Jeffrey K. Hoeflich-Nickels</u> | Digitally signed by Jeffrey K. Hoeflich-Nickels Date: 2024.11.08 15:00:29 -05'00' |
| | DATE | | SIGNATURE OF TREASURER OR ASSISTANT TREASURER | |
| 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 | |
| Executed on | _____ | By | _____ | |
| | DATE | | SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT | |

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

| | |
|-------------------------------------|-------------|
| COMMITTEE NAME Point of Friction | 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 Atlantic Union Bank | AREA CODE/PHONE 540/278-1399 | BANK ACCOUNT NUMBER [REDACTED] | |
| ADDRESS OF FINANCIAL INSTITUTION 4225 Colonial Ave. | CITY Roanoke | STATE VA | ZIP CODE 24018 |

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 | |
| | | | | | |
| | | | | | |

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 |
| Sarah Schneider | San Clemente City Council, District 4 | | <input checked="" type="checkbox"/> |
| | | SUPPORT | OPPOSE |