Statement of Organization
Recipient Committee

CALIFORNIA FORM 410

Date Stamp		For Official Use Only
		CITYRSM'23JAN31PM12:13

Statement Type

☐ Initial
  ○ Not yet qualified
    or
  ◉ Date qualification threshold met
    09 / 07 / 22

☑ Amendment
Date qualification threshold met
09 / 07 / 22

☐ Termination – See Part 5
Date of termination
_____ / _____ / _____

1. Committee Information

I.D. Number (if applicable) 1453370

NAME OF COMMITTEE
Ken Dixon for RSM City Council 2024

STREET ADDRESS (NO P.O. BOX)
██████████████

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Trabuco Canyon	CA	92679	949-334-7453

FULL MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)
ken@kendixon.org

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
Orange	Rancho Santa Margarita

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Patricia Ebel

STREET ADDRESS (NO P.O. BOX)
██████ ██████

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Rancho Santa Margarita	CA	92688	949-433-8964

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	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	1/30/23	By	_Patricia Ebel_
	DATE		SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on	1/30/23	By	_signature_
	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
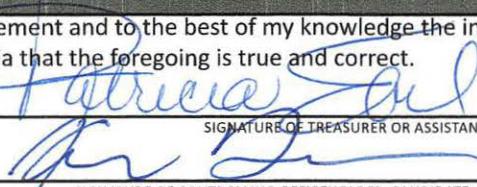
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INSTRUCTIONS ON REVERSE

COMMITTEE NAME	I.D. NUMBER
Ken Dixon for RSM City Council 2024	1453370

• **All committees must list the financial institution where the campaign bank account is located.**

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER
First Citizens Bank	949-750-1503	███████

ADDRESS	CITY	STATE	ZIP CODE
████████████	Rancho Santa Margarita	CA	92688

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		
			Nonpartisan	Partisan	(list political party below)
Ken Dixon	City Council Member	2024	✔		
			Nonpartisan	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