

Statement of Organization Recipient Committee

Statement Type

☐ Initial

☐ Not yet qualified
or

☒ Date qualification threshold met

09 / 07 / 22

☒ Amendment

Date qualification threshold met

9 / 7 / 22

☐ Termination – See Part 5

Date of termination

____ / ____ / ____

Date Stamp
RECEIVED AND FILE
in the office of the Secretary of State
of the State of California

FEB 03 2023

CALIFORNIA FORM 410

For Official Use Only

FEB 09 2023

REGISTRAR OF VOTERS

1. Committee Information				2. Treasurer and Other Principal Officers			
I.D. Number 1453370 <small>(if applicable)</small>							
NAME OF COMMITTEE Ken Dixon for RSM City Council 2024				NAME OF TREASURER Patricia Ebel			
STREET ADDRESS (NO P.O. BOX) [REDACTED]				STREET ADDRESS (NO P.O. BOX) [REDACTED]			
CITY Trabuco Canyon	STATE CA	ZIP CODE 92679	AREA CODE/PHONE 949-334-7453	CITY Rancho Santa Margarita	STATE CA	ZIP CODE 92688	AREA CODE/PHONE 949-433-8964
FULL MAILING ADDRESS (IF DIFFERENT)				NAME OF ASSISTANT TREASURER, IF ANY			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) ken@kendixon.org				STREET ADDRESS (NO P.O. BOX)			
COUNTY OF DOMICILE Orange	JURISDICTION WHERE COMMITTEE IS ACTIVE Rancho Santa Margarita			CITY STATE ZIP CODE AREA CODE/PHONE			
Attach additional information on appropriately labeled continuation sheets.				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 _____
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 1/30/23 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

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INSTRUCTIONS ON REVERSE

CALIFORNIA
FORM 410

Page 2

COMMITTEE NAME Ken Dixon for RSM City Council 2024	I.D. NUMBER 1453370
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- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION First Citizens Bank	AREA CODE/PHONE 949-750-1503	BANK ACCOUNT NUMBER [REDACTED]	
ADDRESS [REDACTED]	CITY Rancho Santa Margarita	STATE CA	ZIP CODE 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		
Ken Dixon	City Council Member	2024	Nonpartisan ✓	Partisan	(list political party below)
			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