

Statement of Organization
Recipient Committee

Statement Type

<input type="checkbox"/> Initial	<input checked="" type="checkbox"/> Amendment	<input type="checkbox"/> Termination – See Part 5
<input type="radio"/> Not yet qualified or		
<input checked="" type="radio"/> Date qualification threshold met	Date qualification threshold met	Date of termination
09 / 07 / 22	9 / 7 / 22	_____ / _____ / _____

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

CALIFORNIA FORM 410
For Official Use Only

FEB 03 2023

FEB 09 2023

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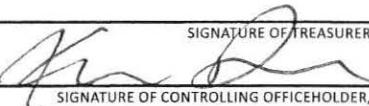
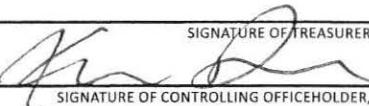
REGISTRAR OF VOTERS

Deputy

1. Committee Information		I.D. Number 1453370 <i>(If applicable)</i>		2. Treasurer and Other Principal Officers				
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]				STATE	ZIP CODE	
CITY Trabuco Canyon	STATE CA	ZIP CODE 92679	AREA CODE/PHONE 949-334-7453	NAME OF ASSISTANT TREASURER, IF ANY				
CITY Rancho Santa Margarita				STATE CA	ZIP CODE 92688	AREA CODE/PHONE 949-433-8964		
FULL MAILING ADDRESS (IF DIFFERENT)		STREET ADDRESS (NO P.O. BOX)						
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) ken@kendixon.org		CITY STATE ZIP CODE AREA CODE/PHONE						
COUNTY OF DOMICILE Orange	JURISDICTION WHERE COMMITTEE IS ACTIVE Rancho Santa Margarita		NAME OF PRINCIPAL OFFICER(S)					
STREET ADDRESS (NO P.O. BOX)								
CITY Rancho Santa Margarita		STATE CA	ZIP CODE 92688	AREA CODE/PHONE 949-433-8964				
Attach additional information on appropriately labeled continuation sheets.								

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	DATE	By		SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on	1/30/23	DATE	By		SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER
Executed on	_____	DATE	By	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER	
Executed on	_____	DATE	By	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER	

FPPC Form 410 (August/2018)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

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INSTRUCTIONS ON REVERSE

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I.D. NUMBER
1453370

COMMITTEE NAME Ken Dixon for RSM City Council 2024			
<ul style="list-style-type: none"> • 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 <input checked="" type="checkbox"/>	Partisan
			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