

**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	
09 / 07 / 22	9 / 7 / 22	

Date Stamp
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of the State of California

CALIFORNIA FORM 410
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FEB 03 2023

APR 24 2023

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Rancho Santa Marg 30

1. Committee Information		I.D. Number 1453370 (if applicable)
NAME OF COMMITTEE Ken Dixon for RSM City Council 2024		
STREET ADDRESS (NO P.O. BOX) [REDACTED]		
CITY Trabuco Canyon	STATE CA	ZIP CODE 92679
AREA CODE/PHONE 949-334-7453		
FULL MAILING ADDRESS (IF DIFFERENT)		
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) ken@kendixon.org		
COUNTY OF DOMICILE Orange	JURISDICTION WHERE COMMITTEE IS ACTIVE Rancho Santa Margarita	
Attach additional information on appropriately labeled continuation sheets.		

2. Treasurer and Other Principal Officers	
NAME OF TREASURER Patricia Ebel	NAME OF ASSISTANT TREASURER, IF ANY
STREET ADDRESS (NO P.O. BOX) [REDACTED]	
CITY Rancho Santa Margarita	STATE CA
ZIP CODE 92688	
AREA CODE/PHONE 949-433-8964	
STREET ADDRESS (NO P.O. BOX)	
CITY	STATE
ZIP CODE	
AREA CODE/PHONE	
STREET ADDRESS (NO P.O. BOX)	
CITY	STATE
ZIP CODE	
AREA CODE/PHONE	

Postmarked
05/30/23

(AD)

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 OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

Executed on _____
DATE

By _____

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

Executed on _____
DATE

By _____

SIGNATURE OF CONTROLLING OFFICERHOLDER, 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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Recipient Committee**

INSTRUCTIONS ON REVERSE

**CALIFORNIA
FORM 410**

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COMMITTEE NAME Ken Dixon for RSM City Council 2024		I.D. NUMBER 1453370
<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 PROPOINTER	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 <input type="checkbox"/>
			Nonpartisan <input type="checkbox"/>	Partisan <input type="checkbox"/>
			(list political party below)	

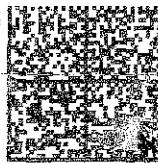
Primarily Formed Committee

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 <input type="checkbox"/>	OPPOSE <input type="checkbox"/>
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>

**REGISTRAR OF VOTERS
COUNTY OF ORANGE**
P.O. BOX 11298
SANTA ANA, CA 92711-1298

SANTA ANA, CA 926



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City of Rancho Santa Margarita
City Clerks Office
22112 El Paseo
Rancho Santa Margarita, CA 92688

1 431 941 00007268810

92688-282412



G103 (R01/11)