

**Statement of Organization
Recipient Committee**

Statement Type

Initial

Not yet qualified
or

Date qualification threshold met

Amendment

Termination – See Part 5

Date qualification threshold met

Date of termination

Date Stamp

**CALIFORNIA
FORM**

410

For Official Use Only

1. Committee Information

I.D. Number
(if applicable)

1266026

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Tony Beall

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

Rancho Santa Margarita CA 92688

AREA CODE/PHONE

EMAIL ADDRESS OF TREASURER (REQUIRED)

theall@cityofrsm.org

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)

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED)

AREA CODE/PHONE

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 01/17/24 By Tony Beall

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 01/17/24 By Tony Beall

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

Executed on _____ By _____

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

Executed on _____ By _____

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER