

**Recipient Committee  
Campaign Statement  
Cover Page**

SEE INSTRUCTIONS ON REVERSE

Date Stamp

COVER PAGE

CALIFORNIA **460**  
FORM

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For Official Use Only

CITYRSM/24JAN31AM10301

Statement covers period  
from 1/1/2023  
through 6/31/2023

Date of election if applicable:  
(Month, Day, Year)  
11/08/2022

**1. Type of Recipient Committee:** All Committees – Complete Parts 1, 2, 3, and 4.

<input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee	<input type="checkbox"/> Primarily Formed Ballot Measure Committee	<input type="checkbox"/> Preelection Statement
<input type="checkbox"/> State Candidate Election Committee	<input type="checkbox"/> Controlled	<input type="checkbox"/> Semi-annual Statement
<input type="checkbox"/> Recall	<input type="checkbox"/> Sponsored	<input type="checkbox"/> Termination Statement
(Also Complete Part 6)	(Also Complete Part 6)	(Also file a Form 410 Termination)
<input type="checkbox"/> General Purpose Committee	<input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee	<input checked="" type="checkbox"/> Amendment (Explain below)
<input type="checkbox"/> Sponsored	(Also Complete Part 7)	
<input type="checkbox"/> Small Contributor Committee		
<input type="checkbox"/> Political Party/Central Committee		

**2. Type of Statement:**

<input type="checkbox"/> Quarterly Statement
<input type="checkbox"/> Special Odd-Year Report

Ammended last filing (10/23/22-12/31/23 \*carrying fwd new cash balance

Ammending payments (1/1/23-6/30/23) see page 4

**3. Committee Information**

I.D. NUMBER

1453370

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Ken Dixon for RSM City Council 2022

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

Trabuco Canyon CA 92679 949-939-5387

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

Rancho Santa Margarita CA 92688

OPTIONAL: FAX / E-MAIL ADDRESS

ken@kendixon.org

**Treasurer(s)**

NAME OF TREASURER

Patty Ebel

MAILING ADDRESS

<input type="checkbox"/>	CITY	STATE	ZIP CODE	AREA CODE/PHONE
	<u>Rancho Santa Margarita</u>	<u>CA</u>	<u>92688</u>	<u>949-433-8964</u>

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

<input type="checkbox"/>	CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX / E-MAIL ADDRESS

**4. Verification**

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules 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 1/30/2024 Date

By Patty Ebel  
Signature of Treasurer or Assistant Treasurer

Executed on 1/30/2024 Date

By Patty Ebel  
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on \_\_\_\_\_ Date

By Patty Ebel  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on \_\_\_\_\_ Date

By Patty Ebel  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (Jan/2016))

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www.fppc.ca.gov

**Recipient Committee  
Campaign Statement  
Cover Page — Part 2**

COVER PAGE - PART 2

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**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE

Ken Dixon

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

City Council Member City of RSM

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

Trabuco Can<sup>y</sup> CA 92679

**Related Committees Not Included in this Statement:** *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME	I.D. NUMBER
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NAME OF TREASURER	CONTROLLED COMMITTEE?
	<input type="checkbox"/> YES <input type="checkbox"/> NO

COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
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CITY	STATE	ZIP CODE	AREA CODE/PHONE
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COMMITTEE NAME	I.D. NUMBER
----------------	-------------

NAME OF TREASURER	CONTROLLED COMMITTEE?
	<input type="checkbox"/> YES <input type="checkbox"/> NO

COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
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CITY	STATE	ZIP CODE	AREA CODE/PHONE
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**6. Primarily Formed Ballot Measure Committee**

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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**Identify the controlling officeholder, candidate, or state measure proponent, if any.**

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPOSER

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
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**7. Primarily Formed Candidate/Officeholder Committee** *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

*Attach continuation sheets if necessary*

# Campaign Disclosure Statement

## Summary Page

Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period  
from 1/1/2023

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through 6/30/2023

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Ken Dixon for RSM City Council 2022

I.D. NUMBER  
1453370

### Contributions Received

		<b>Column A</b> TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	<b>Column B</b> CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions.....	<i>Schedule A, Line 3</i>	\$ <u>0</u>	\$ <u>0</u>
2. Loans Received.....	<i>Schedule B, Line 3</i>	\$ <u>0</u>	\$ <u>0</u>
3. SUBTOTAL CASH CONTRIBUTIONS.....	<i>Add Lines 1 + 2</i>	\$ <u>0</u>	\$ <u>0</u>
4. Nonmonetary Contributions.....	<i>Schedule C, Line 3</i>	\$ <u>0</u>	\$ <u>0</u>
5. TOTAL CONTRIBUTIONS RECEIVED.....	<i>Add Lines 3 + 4</i>	\$ <u>0</u>	\$ <u>0</u>

### Expenditures Made

6. Payments Made.....	<i>Schedule E, Line 4</i>	\$ <u>445.64</u>	\$ <u>445.64</u>
7. Loans Made.....	<i>Schedule H, Line 3</i>	\$ <u>0</u>	\$ <u>0</u>
8. SUBTOTAL CASH PAYMENTS.....	<i>Add Lines 6 + 7</i>	\$ <u>445.64</u>	\$ <u>445.64</u>
9. Accrued Expenses (Unpaid Bills).....	<i>Schedule F, Line 3</i>	\$ <u>0</u>	\$ <u>0</u>
10. Nonmonetary Adjustment.....	<i>Schedule C, Line 3</i>	\$ <u>0</u>	\$ <u>0</u>
11. TOTAL EXPENDITURES MADE.....	<i>Add Lines 8 + 9 + 10</i>	\$ <u>445.64</u>	\$ <u>445.64</u>

### Current Cash Statement

12. Beginning Cash Balance .....	<i>Previous Summary Page, Line 16</i>	\$ <u>1720.06</u>
13. Cash Receipts .....	<i>Column A, Line 3 above</i>	\$ <u>0</u>
14. Miscellaneous Increases to Cash .....	<i>Schedule I, Line 4</i>	\$ <u>0</u>
15. Cash Payments .....	<i>Column A, Line 8 above</i>	\$ <u>445.64</u>
16. ENDING CASH BALANCE .....	<i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ <u>1274.42</u>

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED.....	<i>Schedule B, Part 2</i>	\$ <u>0</u>
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### Cash Equivalents and Outstanding Debts

18. Cash Equivalents.....	<i>See instructions on reverse</i>	\$ <u>0</u>
19. Outstanding Debts.....	<i>Add Line 2 + Line 9 in Column B above</i>	\$ <u>0</u>

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

### Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ _____
21. Expenditures Made	\$ _____

### Expenditure Limit Summary for State Candidates

Date of Election (mm/dd/yy)	Total to Date
/ /	\$ _____
/ /	\$ _____

\*Amounts in this section may be different from amounts reported in Column B.

**Schedule E  
Payments Made**

Amounts may be rounded  
to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Ken Dixon for RSM City Council 2022

SCHEDULE E

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Statement covers period  
from 1/1/2023

through 6/30/2023

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**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.

CNS campaign consultants

CTB contribution (explain nonmonetary)\*

CVC civic donations

FIL candidate filing/ballot fees

FND fundraising events

IND independent expenditure supporting/opposing others (explain)\*

LEG legal defense

LIT campaign literature and mailings

MBR member communications

MTG meetings and appearances

OFC office expenses

PET petition circulating

PHO phone banks

POL polling and survey research

POS postage, delivery and messenger services

PRO professional services (legal, accounting)

PRT print ads

RAD radio airtime and production costs

RFD returned contributions

SAL campaign workers' salaries

TEL tv. or cable airtime and production costs

TRC candidate travel, lodging, and meals

TRS staff/spouse travel, lodging, and meals

TSF transfer between committees of the same candidate/sponsor

VOT voter registration

WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Google Ads [REDACTED] Mountainview, CA 94053			google ads	188.64
Campaign Partner [REDACTED] Still River, MA 01467	WEB		website	174.00
US Postal Service [REDACTED] Rancho Santa Margarita, CA 92688	POS		PO Box Annual Fee	83.00

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$ 445.64**

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 445.64
2. Unitemized payments made this period of under \$100	\$ 0
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ 0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	<b>TOTAL \$ 445.64</b>

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