

Rancho Santa Margarita
CITYRSM 24 FEB 2PM 1:34

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 type="radio"/> Date qualification threshold met	Date qualification threshold met	Date of termination
____/____/____	____/____/____	____/____/____

Date Stamp RECEIVED AND FILED in the office of the Secretary of State of the State of California JAN 22 2024	CALIFORNIA FORM 410 For Official Use Only RECEIVED JAN 24 2024 BY: _____
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1. Committee Information	I.D. Number (if applicable)	2. Treasurer and Other Principal Officers
NAME OF COMMITTEE Committee to Elect Tony Beall City Council 2020		NAME OF TREASURER Tony Beall
STREET ADDRESS (NO P.O. BOX) [REDACTED]		STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE [REDACTED] Rancho Santa Margarita CA 92688
CITY STATE ZIP CODE AREA CODE/PHONE RANCHO SANTA MARGARITA CA 92688 949 433-5821		EMAIL ADDRESS OF TREASURER (REQUIRED) AREA CODE/PHONE tbeall@cityofRSM.org
FULL MAILING ADDRESS (IF DIFFERENT)		NAME OF ASSISTANT TREASURER, IF ANY
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL) tbeall@cityofRSM.org		STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE
COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE	EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED) AREA CODE/PHONE
Orange	City of Rancho Santa Margarita	NAME OF PRINCIPAL OFFICER(S)
Attach additional information on appropriately labeled continuation sheets.		STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE
		EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED) 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 <u>01/17/24</u>	By <u>Tony Beall</u>	SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on <u>01/17/24</u>	By <u>Tony Beall</u>	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on _____	By _____	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on _____	By _____	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT