

CITYRSM 24MAR 6PM 2:03
Rancho Santa Margarita

**Statement of Organization
Recipient Committee**

Statement Type

☐ Initial

☐ Not yet qualified

or

☐ Date qualification threshold met

☒ Amendment

Date qualification threshold met

☐ Termination – See Part 9

Date of termination

Date Stamp

RECEIVED AND FILED

in the office of the Secretary of State
of the State of California

FEB 20 2024

**CALIFORNIA
FORM 410**

For Official Use Only

RECEIVED

FEB 26 2024

BY:

1. Committee Information

I.D. Number
(if applicable)

1266026

NAME OF COMMITTEE

Committee to Elect Tony Beall City Council 2020

STREET ADDRESS (NO P.O. BOX)

CITY

Rancho Santa Margarita

STATE

CA

ZIP CODE

92688

AREA CODE/PHONE

(949) 433-5821

FULL MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)

tony.beall@troutman.com

COUNTY OF DOMICILE

Orange

JURISDICTION WHERE COMMITTEE IS ACTIVE

City of Rancho Santa Margarita

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Tony Beall

STREET ADDRESS (NO P.O. BOX)

CITY

Rancho Santa Margarita

STATE

CA

ZIP CODE

92688

EMAIL ADDRESS OF TREASURER (REQUIRED)

tony.beall@troutman.com

AREA CODE/PHONE

(949) 433-5821

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

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 February 14, 2024 By Tony Beall
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on February 14, 2024 By Tony Beall
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT