

Statement of Organization  
Recipient Committee

Statement Type

☐ Initial

☐ Not yet qualified  
or

☒ Date qualification threshold met

09 / 07 / 2022

☐ Amendment

Date qualification threshold met

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

☒ Termination – See Part 5

Date of termination

06 / 30 / 2024

Date Stamp

CALIFORNIA  
FORM 410

For Official Use Only

CITY RSM\*24JUL29PM 1:32

1. Committee Information		I.D. Number 1453370 (if applicable)		2. Treasurer and Other Principal Officers						
NAME OF COMMITTEE Ken Dixon for RSM City Council 2024				NAME OF TREASURER Patricia Ebel						
STREET ADDRESS (NO P.O. BOX) [REDACTED]				STREET ADDRESS (NO P.O. BOX) [REDACTED]		CITY Rancho Santa Margarita	STATE CA	ZIP CODE 92688		
STREET ADDRESS (NO P.O. BOX) [REDACTED]				EMAIL ADDRESS OF TREASURER (REQUIRED) gardenprincess22@gmail.com				AREA CODE/PHONE 949-433-8964		
CITY Trabuco Canyon				STATE CA		ZIP CODE 92679	AREA CODE/PHONE 949-334-7453			
FULL MAILING ADDRESS (IF DIFFERENT)				NAME OF ASSISTANT TREASURER, IF ANY						
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL) ken@kendixon.org				STREET ADDRESS (NO P.O. BOX)				CITY	STATE	ZIP CODE
COUNTY OF DOMICILE Orange		JURISDICTION WHERE COMMITTEE IS ACTIVE Rancho Santa Margarita		EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED)				AREA CODE/PHONE		
Attach additional information on appropriately labeled continuation sheets.				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		

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 7/28/2024 By Patricia Ebel  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 7/28/2024 By [Signature]  
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