

**Statement of Organization
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial	<input type="checkbox"/> Amendment	<input checked="" type="checkbox"/> Termination – See Part 5
<input type="radio"/> Not yet qualified or		
<input checked="" type="radio"/> Date qualification threshold met	Date qualification threshold met	Date of termination
09 / 07 / 2022	/ /	06 / 30 / 2024

Date Stamp

**CALIFORNIA
FORM**

410

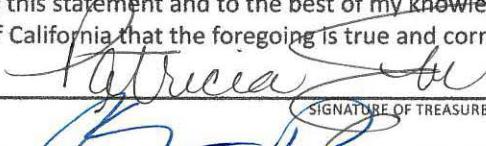
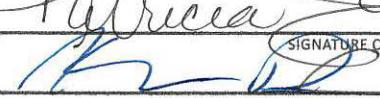
For Official Use Only

CITYRSM 24JUL29PM 132

1. Committee Information		I.D. Number (if applicable)	1453370			2. Treasurer and Other Principal Officers		
NAME OF COMMITTEE						NAME OF TREASURER		
Ken Dixon for RSM City Council 2024						Patricia Ebel		
STREET ADDRESS (NO P.O. BOX)						STREET ADDRESS (NO P.O. BOX)		
[REDACTED]						[REDACTED]		
CITY	STATE	ZIP CODE	AREA CODE/PHONE	CITY	STATE	ZIP CODE		
Trabuco Canyon	CA	92679	949-334-7453	Rancho Santa Margarita	CA	92688		
FULL MAILING ADDRESS (IF DIFFERENT)						EMAIL ADDRESS OF TREASURER (REQUIRED)		
[REDACTED]						gardenprincess22@gmail.com		
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)						AREA CODE/PHONE		
ken@kendixon.org						949-433-8964		
COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE					NAME OF ASSISTANT TREASURER, IF ANY		
Orange	Rancho Santa Margarita					[REDACTED]		
Attach additional information on appropriately labeled continuation sheets.						STREET ADDRESS (NO P.O. BOX)		
[REDACTED]						CITY		
[REDACTED]						STATE		
[REDACTED]						ZIP CODE		
[REDACTED]						EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED)		
[REDACTED]						AREA CODE/PHONE		
[REDACTED]						NAME OF PRINCIPAL OFFICER(S)		
[REDACTED]						STREET ADDRESS (NO P.O. BOX)		
[REDACTED]						CITY		
[REDACTED]						STATE		
[REDACTED]						ZIP CODE		
[REDACTED]						EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED)		
[REDACTED]						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	7/28/2024	DATE	By		SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on	7/28/2024	DATE	By		SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPO
Executed on		DATE	By	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPO	
Executed on		DATE	By	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPO	