

Statement of Organization
Recipient Committee

Statement Type

☒ Initial

☒ Not yet qualified
or

☐ Date qualification threshold met

☐ Amendment

Date qualification threshold met

☐ Termination - See Part 5

Date of termination

Date Stamp

RECEIVED AND FILED
in the office of the Secretary of State
of the State of California

AUG 13 2024

CALIFORNIA
FORM 410

For Official Use Only

RECEIVED

AUG 29 2024

R/H/L/H

1. Committee Information

I.D. Number
(if applicable)

Pending

NAME OF COMMITTEE

Keri Lynn Baert for RSM City Council 2024
~~District 3 2024~~ LB

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

Rancho Santa Margarita CA 92688 949-4594583

FULL MAILING ADDRESS (IF DIFFERENT)

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

baert4rsm@gmail.com

COUNTY OF DOMICILE

Orange

JURISDICTION WHERE COMMITTEE IS ACTIVE

Rancho Santa Margarita

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Louise M. Robertson

STREET ADDRESS (NO P.O. BOX)

City Foothill Ranch CA 92610

EMAIL ADDRESS OF TREASURER (REQUIRED)

wezoid@yahoo.com (949) 680-8284

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED)

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED)

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

8/9/2024

By

Louise Robertson

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on

8/9/2024

By

Keri Lynn Baert

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

FPPC Form 410 (October/2023)

FPPC Advice: advice@fppc.ca.gov (866) 275-3772

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Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA
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COMMITTEE NAME

Keri Lynn Baert for RSM city Council 2024

I.D. NUMBER

Pending

- All committees must list the financial institution where the campaign bank account is located and the person(s) authorized to obtain bank records.

NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RECORDS

Bank of America

AREA CODE/PHONE

949/288-9069

BANK ACCOUNT NUMBER

ADDRESS OF FINANCIAL INSTITUTION

CITY

RSM CA 92688

STATE

ZIP CODE

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable.
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT

ELECTIVE OFFICE SOUGHT OR HELD
(INCLUDE DISTRICT NUMBER IF APPLICABLE)

YEAR OF
ELECTION

PARTY
CHECK ONE

Keri Lynn Baert	City Council Member District 3	2024	Nonpartisan <input checked="" type="checkbox"/>	Partisan <input type="checkbox"/>	(list political party below)
			Nonpartisan <input type="checkbox"/>	Partisan <input type="checkbox"/>	(list political party below)

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)
IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.

CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION
(INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)

CHECK ONE

		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>

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