Statement of Organization
Recipient Committee

CALIFORNIA FORM 410

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

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Date Stamp **AUG 26 2024**

For Official Use Only

Statement Type			
☐ Initial	☑ Amendment	☐ Termination – See Part 5	
○ Not yet qualified or			
○ Date qualification threshold met ___/___/___	Date qualification threshold met 08 / 15 / 2024	Date of termination ___/___/___	

I.D. Number (if applicable)	1473187

NAME OF COMMITTEE
Keri Lynn Baert for RSM City Council 2024

STREET ADDRESS (NO P.O. BOX)
█████████

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Rancho Santa Margaria	CA	92688	949-459-4503

FULL MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)
baert4rsm@gmail.com

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
Orange	Rancho Santa Margarita

Attach additional information on appropriately labeled continuation sheets.

NAME OF TREASURER
Louise Robertson

STREET ADDRESS (NO P.O. BOX)	CITY	STATE	ZIP CODE
█████████	Foothill Ranch	CA	92610

EMAIL ADDRESS OF TREASURER (REQUIRED)	AREA CODE/PHONE
wezoid@yahoo.com	949-680-8286

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

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	8/19/2024	By	*Louise Roberton*
	DATE		SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on	8/21/2024	By	*Keri Lynn Baert*
	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

FPPC Advice: (866/275-3772)

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INSTRUCTIONS ON REVERSE

COMMITTEE NAME	I.D. NUMBER
Keri Lynn Baert for RSM City Council 2024	1473187

• **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	AREA CODE/PHONE	BANK ACCOUNT NUMBER
Bank of America	949-288-9069	████

ADDRESS OF FINANCIAL INSTITUTION	CITY	STATE	ZIP CODE
████	Rancho Santa Margarita	CA	92688

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		
			Nonpartisan	Partisan	(list political party below)
Keri Lynn Baert	City Council Member District 3	2024	✓		
			Nonpartisan	Partisan	(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	OPPOSE
		SUPPORT	OPPOSE

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