

Rancho Santa Margarita

**Statement of Organization
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial	<input checked="" type="checkbox"/> Amendment	<input type="checkbox"/> Termination – See Part
<input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met	Date qualification threshold met	Date of termination

RECEIVED AND FILED
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of the State of California

AUG 30 2024

CALIFORNIA FORM

410

for Official Use Only

SEP 09 2024

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1. Committee Information		I.D. Number (if applicable)	1266026	2. Treasurer and Other Principal Officers				
NAME OF COMMITTEE				NAME OF TREASURER				
Committee to Elect Tony Beall - Mayor 2024				Tony Beall				
STREET ADDRESS (NO P. O BOX)				STREET ADDRESS (NO P.O. BOX)		CITY	STATE	ZIP CODE
[REDACTED]				[REDACTED]		Rancho Santa Margarita	CA	92688
CITY		STATE	ZIP CODE	AREA CODE/PHONE				
Rancho Santa Margarita		CA	92688	(949) 433-5821				
FULL MAILING ADDRESS (IF DIFFERENT)				NAME OF ASSISTANT TREASURER, IF ANY				
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)				STREET ADDRESS (NO P.O. BOX)				
tony.beall@troutman.com				CITY				
COUNTY OF DOMICILE				STATE				
Orange				ZIP CODE				
JURISDICTION WHERE COMMITTEE IS ACTIVE				NAME OF PRINCIPAL OFFICER(S)				
City of Rancho Santa Margarita				STREET ADDRESS (NO P.O. BOX)				
Attach additional information on appropriately labeled continuation sheets.				CITY				
				STATE				
				ZIP CODE				
				AREA CODE/PHONE				
				(949) 433-5821				
				EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED)				
				tony.beall@troutman.com				

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 August 23, 2024

By Young Black A SIGNATURE OF THE LEARNER OR LEARNER'S PARENT/Guardian

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

5 / 14

By *Tom Pearl*

DATE

Executed on

For more information, contact the Office of the Vice President for Research and the Office of the Vice President for Student Affairs.

Executed on

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME Committee to Elect Tony Beall - Mayor 2024	I.D. NUMBER 1266026
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- 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 Southern California	AREA CODE/PHONE (949) 766-3015	BANK ACCOUNT NUMBER [REDACTED]
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ADDRESS OF FINANCIAL INSTITUTION [REDACTED]	CITY Rancho Santa Margarita	STATE CA	ZIP CODE 92688
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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 PROPOSER	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		
Tony Beall	Mayor, City of Rancho Santa Margarita	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"/>