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Rancho Santa Margarita

**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

06 / 29 / 2004

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

AUG 30 2024

CALIFORNIA
FORM 410

For Official Use Only

RECEIVED
SEP 09 2024
BY:

1. Committee Information		I.D. Number 1266026 <small>(if applicable)</small>		2. Treasurer and Other Principal Officers	
NAME OF COMMITTEE Committee to Elect Tony Beall - Mayor 2024				NAME OF TREASURER Tony Beall	
STREET ADDRESS (NO P. O. BOX) [REDACTED]				STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE [REDACTED] Rancho Santa Margarita CA 92688	
CITY STATE ZIP CODE AREA CODE/PHONE Rancho Santa Margarita CA 92688 (949) 433-5821				EMAIL ADDRESS OF TREASURER (REQUIRED) AREA CODE/PHONE tony.beall@troutman.com (949) 433-5821	
FULL MAILING ADDRESS (IF DIFFERENT)				NAME OF ASSISTANT TREASURER, IF ANY	
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL) tony.beall@troutman.com				STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE	
COUNTY OF DOMICILE Orange		JURISDICTION WHERE COMMITTEE IS ACTIVE City of 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 tony.beall@troutman.com (949) 433-5821	
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	Tony Beall	SIGNATURE OF TREASURER OR ASSISTANT TREASURER
	DATE			
Executed on	August 23, 2024	By	Tony Beall	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
	DATE			
Executed on		By		SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
	DATE			
Executed on		By		SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
	DATE			

Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA
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COMMITTEE NAME

Committee to Elect Tony Beall - Mayor 2024

I.D. NUMBER

1266026

- 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

ADDRESS OF FINANCIAL INSTITUTION

[REDACTED]

CITY

Rancho Santa Margarita

STATE

CA

ZIP CODE

92688

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		
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	OPPOSE