

Statement of Organization  
Recipient Committee

Statement Type

☐ Initial

☐ Not yet qualified  
or

☒ Date qualification threshold met

09 / 07 / 2022

☐ Amendment

Date qualification threshold met

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

☒ Termination – See Part 5

Date of termination

06 / 30 / 2024

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

AUG 05 2024

BY: \_\_\_\_\_

CITYRSM\*24AUG15AM 2:05  
Rancho Santa Margarita  
CALIFORNIA FORM 410

For Official Use Only

AUG 09 2024

CITYRSM\*24JUL29PM 1:32

1. Committee Information

I.D. Number  
(if applicable)

1453370

NAME OF COMMITTEE

Ken Dixon for RSM City Council 2024

STREET ADDRESS (NO P.O. BOX)

CITY

Trabuco Canyon

STATE

CA

ZIP CODE

92679

AREA CODE/PHONE

949-334-7453

FULL MAILING ADDRESS (IF DIFFERENT)

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

ken@kendixon.org

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

Patricia Ebel

STREET ADDRESS (NO P.O. BOX)

CITY

Rancho Santa Margarita

STATE

CA

ZIP CODE

92688

EMAIL ADDRESS OF TREASURER (REQUIRED)

gardenprincess22@gmail.com

AREA CODE/PHONE

949-433-8964

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

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

*Patricia Ebel*

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 7/28/2024

DATE

By

*[Signature]*

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](mailto:advice@fppc.ca.gov) (866/275-3772)

[www.fppc.ca.gov](http://www.fppc.ca.gov)