

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

1453370

Rancho
Santa Margarita

Rejected: _____

Returned: _____

JD / 8/30/22

Date Stamp

RECEIVED AND FILED

in the office of the Secretary of State
of the State of California

AUG 23 2022

CALIFORNIA
FORM

410

For Official Use Only

SEP 14 2022

1. Committee Information

I.D. Number
(if applicable)

Pending

NAME OF COMMITTEE

Ken Dixon for RSM City Council 2022

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

Trabuco Canyon, CA 92679 949-334-7453

FULL MAILING ADDRESS (IF DIFFERENT)

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

Ken@Ken.Dixon.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

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Rancho Santa Margarita, CA 92688 949-433-8164

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

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

8-11-22

By

Patricia Ebel

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on

8-11-22

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

CTTVRSM*22SEP23PM 3:06

FPPC Form 410 (August/2018)

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

www.fppc.ca.gov

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA
FORM 410

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COMMITTEE NAME

Ken Dixon for RSM City Council 2022

I.D. NUMBER

Pending

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION

First Citizens Bank

AREA CODE/PHONE

949.750.1503

BANK ACCOUNT NUMBER

ADDR

CITY

STATE

ZIP CODE

Rancho Santa Margarita, CA 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

Ken Dixon	City Council Member	2022	<input checked="" type="checkbox"/> Nonpartisan	<input type="checkbox"/> Partisan	(list political party below)
			<input type="checkbox"/> Nonpartisan	<input type="checkbox"/> 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

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