

Statement of Organization
Recipient Committee

1453370

Rancho
Santa Margarita
Rejected: JD / 8/30/22
Returned: JD / 8/30/22

<p>Statement Type <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Termination – See Part 5</p> <p><input checked="" type="checkbox"/> Not yet qualified or <input type="checkbox"/> Date qualification threshold met Date qualification threshold met</p>			Date of termination	Date Stamp	CALIFORNIA FORM 410
				RECEIVED AND FILED in the office of the Secretary of State of the State of California	For Official Use Only RECEIVED SEP 14 2022

1. Committee Information		I.D. Number (if applicable)	Pending			
NAME OF COMMITTEE Ken Dixon for RSM City Council 2022						2. Treasurer and Other Principal Officers
STREET ADDRESS (NO P.O. BOX)		NAME OF TREASURER		RECEIVED AND FILED in the office of the Secretary of State of the State of California		
[REDACTED]		Patricia Ebel		SEP 07 2022		
CITY STATE ZIP CODE AREA CODE/PHONE		STREET		CITY STATE ZIP CODE AREA CODE/PHONE		
Trabuco Canyon, CA 92679 949.334.7453		[REDACTED]		Rancho Santa Margarita, CA 92688 949.433.8164		
FULL MAILING ADDRESS (IF DIFFERENT)						NAME OF ASSISTANT TREASURER, IF ANY
STREET ADDRESS (NO P.O. BOX)						
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)						CITY STATE ZIP CODE AREA CODE/PHONE
ken@KenDixon.org		[REDACTED]		[REDACTED]		
COUNTY OF DOMICILE		JURISDICTION WHERE COMMITTEE IS ACTIVE		NAME OF PRINCIPAL OFFICER(S)		
Orange		Rancho Santa Margarita		[REDACTED]		
STREET ADDRESS (NO P.O. BOX)						CITY STATE ZIP CODE AREA CODE/PHONE
[REDACTED]						[REDACTED]
Attach additional information on appropriately labeled continuation sheets.						

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 OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPOUNDER
CITYRSM'22SEP23PM 3:06

Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPOUNDER

Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPOUNDER

FPPC Form 410 (August/2018)

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

www.fppc.ca.gov

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INSTRUCTIONS ON REVERSE

**CALIFORNIA
FORM 410**

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I.D. NUMBER

Pending

COMMITTEE NAME
Ken Dixon for RSM City Council 2022

- 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 [REDACTED]
ADDR [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 Ken Dixon	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE) City Council Member	YEAR OF ELECTION 2022	PARTY CHECK ONE		
			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"/>