

Statement of Organization

Recipient Committee

Statement Type

 Initial Not yet qualified
or Date qualification threshold met Amendment Termination – See Part 5

Date Stamp

CALIFORNIA

410

For Official Use Only

[REDACTED]

1. Committee Information		I.D. Number <i>(if applicable)</i>	Pending			2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE						NAME OF TREASURER			
Ken Dixon for RSM City Council 2022						Patricia Ebel			
STREET ADDRESS (NO P.O. BOX)						STREET ADDRESS (NO P.O. BOX)			
CITY		STATE	ZIP CODE	CITY		STATE	ZIP CODE	AREA CODE/PHONE	
Trabuco Canyon, CA		92679	949.334.7453	Rancho Santa Margarita, CA		92688	949.433.8164		
FULL MAILING ADDRESS (IF DIFFERENT)						NAME OF ASSISTANT TREASURER, IF ANY			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)						CITY			
Ken@KenDixon.org						STATE	ZIP CODE	AREA CODE/PHONE	
COUNTY OF DOMICILE		JURISDICTION WHERE COMMITTEE IS ACTIVE				NAME OF PRINCIPAL OFFICER(S)			
Orange		Rancho Santa Margarita							
STREET ADDRESS (NO P.O. BOX)						STREET ADDRESS (NO P.O. BOX)			
						STATE	ZIP CODE	AREA CODE/PHONE	
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	DATE	By	Patricia Ebel	SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on	8-11-22	DATE	By	SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER	
Executed on		DATE	By	SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER	
Executed on		DATE	By	SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER	

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

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COMMITTEE NAME <i>Ken Dixon for RSM City Council 2022</i>	I.D. NUMBER <i>Pending</i>		
<ul style="list-style-type: none"> • All committees must list the financial institution where the campaign bank account is located. 			
NAME OF FINANCIAL INSTITUTION <i>First Citizens Bank</i>	AREA CODE/PHONE <i>949.750.1503</i>	BANK ACCOUNT NUMBER <i>[REDACTED]</i>	
ADDRESS <i>[REDACTED]</i>	CITY <i>[REDACTED]</i>	STATE <i>Rancho Santa Margarita, CA</i>	ZIP CODE <i>92688</i>

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 PROPOINTER	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE	
<i>Ken Dixon</i>	<i>City Council Member</i>	<i>2022</i>	<input checked="" type="checkbox"/> Nonpartisan	<input type="checkbox"/> Partisan
			<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