

**Statement of Organization
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial	<input checked="" type="checkbox"/> Amendment	<input type="checkbox"/> Termination – See Part 5
<input type="radio"/> Not yet qualified or	Date qualification threshold met	Date of termination
<input checked="" type="radio"/> Date qualification threshold met	09 / 07 / 22	9 / 7 / 22

Rancho Santa Marg 30

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

CALIFORNIA FORM 410
of the State of California (For Official Use Only)

FEB 03 2023

APR 24 2023

APR 26 2023

COPY RECEIVED

1. Committee Information				2. Treasurer and Other Principal Officers			
I.D. Number (if applicable) 1453370				NAME OF TREASURER			
NAME OF COMMITTEE Ken Dixon for RSM City Council 2024				Patricia Ebel			
STREET ADDRESS (NO P.O. BOX)				STREET ADDRESS (NO P.O. BOX)			
CITY STATE ZIP CODE AREA CODE/PHONE				CITY STATE ZIP CODE AREA CODE/PHONE			
Trabuco Canyon CA 92679 949-334-7453				Rancho Santa Margarita CA 92688 949-433-8964			
FULL MAILING ADDRESS (IF DIFFERENT)				NAME OF ASSISTANT TREASURER, IF ANY			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)				STREET ADDRESS (NO P.O. BOX)			
ken@kendixon.org				CITY 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)			
Attach additional information on appropriately labeled continuation sheets.				CITY STATE ZIP CODE AREA CODE/PHONE			

CITYRSM23 JUN 12 AM 10:46
Postmarked 05/30/23
PD

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 1/30/23 By Patricia Ebel
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 1/30/23 By Ken Dixon
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 2

COMMITTEE NAME Ken Dixon for RSM City Council 2024	I.D. NUMBER 1453370
---	------------------------

• 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]	
ADDRESS [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		
Ken Dixon	City Council Member	2024	Nonpartisan <input checked="" type="checkbox"/>	Partisan	(list political party below)
			Nonpartisan	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	
		SUPPORT	OPPOSE
		SUPPORT	OPPOSE

**REGISTRAR OF VOTERS
COUNTY OF ORANGE**
P.O. BOX 11298
SANTA ANA, CA 92711-1298

SANTA ANA CA 926



US POSTAGE IN PITNEY BOWES



ZIP 92705 \$ 000.60⁰
02 4W
0000336881 MAY 30 2023

City of Rancho Santa Margarita
City Clerks Office
22112 El Paseo
Rancho Santa Margarita, CA 92688

7 2023 MAY 30 10:07 AM

92688-282412

