

**Statement of Organization
Recipient Committee**

Statement Type

<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Not yet qualified or <input type="checkbox"/> Date qualification threshold met _____/_____/_____	<input type="checkbox"/> Amendment Date qualification threshold met _____/_____/_____	<input type="checkbox"/> Termination – See Part 5 Date of termination _____/_____/_____
--	--	--

City of San Clemente
 JUL 25 2022
 City Clerk Department

**CALIFORNIA
FORM 410**
 For Official Use Only

1. Committee Information				I.D. Number <small>(If applicable)</small>				2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE Dennis Kamp for City Council 2022				NAME OF TREASURER Joana Barcelona							
STREET ADDRESS (NO P.O. BOX) 1400 N Harbor Blvd. Suite 550				STREET ADDRESS (NO P.O. BOX) 1400 N Harbor Blvd. Suite 550							
CITY Fullerton	STATE CA	ZIP CODE 92835	AREA CODE/PHONE [REDACTED]	CITY Fullerton	STATE CA	ZIP CODE 92835	AREA CODE/PHONE [REDACTED]				
FULL MAILING ADDRESS (IF DIFFERENT)				NAME OF ASSISTANT TREASURER, IF ANY Tammi McIntyre							
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) [REDACTED]				STREET ADDRESS (NO P.O. BOX) 1400 N Harbor Blvd. Suite 550							
CITY Fullerton	STATE CA	ZIP CODE 92835	AREA CODE/PHONE [REDACTED]	CITY Fullerton	STATE CA	ZIP CODE 92835	AREA CODE/PHONE [REDACTED]				
COUNTY OF DOMICILE Orange	JURISDICTION WHERE COMMITTEE IS ACTIVE City of San Clemente			NAME OF PRINCIPAL OFFICER(S)							
<i>Attach additional information on appropriately labeled continuation sheets.</i>				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.

Executed on 07/19/22 By [REDACTED]

Executed on 15 July 2022 By [REDACTED]

Executed on _____ By _____

Executed on _____ By _____

Executed on _____ By _____

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 2

I.D. NUMBER

COMMITTEE NAME
Dennis Kamp for City Council 2022

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

NAME OF FINANCIAL INSTITUTION Pacific Premier Bank	AREA CODE/PHONE 714-578-7502	BANK ACCOUNT NUMBER [REDACTED]
ADDRESS 200 W. Commonwealth Ave.	CITY Fullerton	STATE CA
		ZIP CODE 92832

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		
Dennis Kamp	Council Member, City of San Clemente	2022	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"/>