

1450277

501-038-006  
San Clemente

Statement of Organization  
Recipient Committee

Statement Type

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

Date Stamp  
**RECEIVED AND FILED**  
in the office of the Secretary of State  
of the State of California  
JUL 21 2022

**CALIFORNIA FORM 410**  
For Official Use Only  
JUL 26 2022  
REGISTRAR OF VOTERS

1. Committee Information		I.D. Number (if applicable)		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)				STREET ADDRESS (NO P.O. BOX)			
CITY STATE ZIP CODE AREA CODE/PHONE				CITY STATE ZIP CODE AREA CODE/PHONE			
FULL MAILING ADDRESS (IF DIFFERENT)				NAME OF ASSISTANT TREASURER, IF ANY Tammi McIntyre			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)				STREET ADDRESS (NO P.O. BOX)			
COUNTY OF DOMICILE Orange				CITY STATE ZIP CODE AREA CODE/PHONE			
JURISDICTION WHERE COMMITTEE IS ACTIVE City of San Clemente				NAME OF PRINCIPAL OFFICER(S)			
Attach additional information on appropriately labeled continuation sheets.				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 the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the information

Executed on 07/19/22 By \_\_\_\_\_  
DATE

Executed on 15 July 2022 By \_\_\_\_\_  
DATE

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

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

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Recipient Committee**

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME Dennis Kamp for City Council 2022	I.D. NUMBER
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• 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 ZIP CODE CA 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	(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