

**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 <input type="radio"/> Date qualification threshold met _____/_____/_____	Date qualification threshold met 08 / 22 / 2022	Date of termination _____/_____/_____

Date Stamp	<b>CALIFORNIA FORM 410</b>
City of San Clemente	For Official Use Only
AUG 30 2022	
City Clerk Department	

1. Committee Information				I.D. Number (if applicable) 1452359				2. Treasurer and Other Principal Officers											
NAME OF COMMITTEE <b>Enmeier for City Council 2022</b>				NAME OF TREASURER <b>Joana Barcelona</b>															
STREET ADDRESS (NO P.O. BOX) <b>1400 N Harbor Blvd. Suite 550</b>				STREET ADDRESS (NO P.O. BOX) <b>1400 N Harbor Blvd. Suite 550</b>															
CITY <b>Fullerton</b>		STATE <b>CA</b>		ZIP CODE <b>92835</b>		AREA CODE/PHONE [REDACTED]		CITY <b>Fullerton</b>		STATE <b>CA</b>		ZIP CODE <b>92835</b>		AREA CODE/PHONE [REDACTED]					
FULL MAILING ADDRESS (IF DIFFERENT)				NAME OF ASSISTANT TREASURER, IF ANY															
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) <b>joana@mcintyre-barcelona.com</b>				STREET ADDRESS (NO P.O. BOX)															
COUNTY OF DOMICILE <b>Orange</b>		JURISDICTION WHERE COMMITTEE IS ACTIVE <b>City of San Clemente</b>		CITY				STATE				ZIP CODE				AREA CODE/PHONE			
Attach additional information on appropriately labeled continuation sheets.				NAME OF PRINCIPAL OFFICER(S)															
				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 [REDACTED]

Executed on	<u>8/23/22</u>	DATE	[REDACTED]	ASSISTANT TREASURER
Executed on	<u>8/23/22</u>	DATE	[REDACTED]	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on	_____	DATE	By _____	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on	_____	DATE	By _____	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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INSTRUCTIONS ON REVERSE

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COMMITTEE NAME Enmeier for City Council 2022	I.D. NUMBER 1452359
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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 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		(list political party below)
			Nonpartisan	Partisan	
Mark Enmeier	Council Member, City of San Clemente	2022	<input checked="" type="checkbox"/>	<input type="checkbox"/>	(list political party below)
			<input type="checkbox"/>	<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	OPPOSE