

501-038-006

# Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

COVER PAGE

Date Stamp  
**City of San Clemente**

**CALIFORNIA 460**  
2001/02  
FORM

Page 1 of 6

For Official Use Only

Type or print in ink.

Statement covers period from 01/01/2023 through 06/01/2023

Date of election if applicable: (Month, Day, Year)

JUN 5 2023

**City Clerk Department**

SEE INSTRUCTIONS ON REVERSE

- 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.**
- Officeholder, Candidate Controlled Committee
  - State Candidate Election Committee
  - General Purpose Committee
  - Sponsoring Committee
  - Small Contributor Committee
  - Political Party/Central Committee
  - Primarily Formed Ballot Measure Committee
  - Controlled (Also Complete Part 6)
  - Sponsoring (Also Complete Part 6)
  - Primarily Formed Candidate/Officeholder Committee (Also Complete Part 7)

- 2. Type of Statement:**
- Preelection Statement
  - Semi-annual Statement
  - Termination Statement (Also file a Form 410 Termination)
  - Amendment (Explain below)
  - Quarterly Statement
  - Special Odd-Year Report
  - Supplemental Preelection Statement - Attach Form 495

### 3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
**Dennis Kamp for City Council 2022**

I.D. NUMBER  
**1450277**

### Treasurer(s)

NAME OF TREASURER  
**Joana Barcelona**

MAILING ADDRESS  
**1400 N Harbor Blvd Suite 550**

CITY STATE ZIP CODE  
**Fullerton CA 92835-4126**

NAME OF ASSISTANT TREASURER, IF ANY  
**Tammi McIntyre**

MAILING ADDRESS  
**1400 N Harbor Blvd Suite 550**

CITY STATE ZIP CODE  
**Fullerton CA 92835-4126**

OPTIONAL: FAX / E-MAIL ADDRESS

STREET ADDRESS (NO P.O. BOX)  
**1400 N Harbor Blvd Ste 550**

CITY STATE ZIP CODE  
**Fullerton CA 92835-4135**

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE  
**Fullerton CA 92835-4126**

OPTIONAL: FAX / E-MAIL ADDRESS

### 4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 06/01/2023 Date  
By Joana Barcelona

Executed on 06/01/2023 Date  
By Dennis Kamp  
Signature of Contributor

Executed on \_\_\_\_\_ Date  
By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on \_\_\_\_\_ Date  
By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

This statement is true and complete. I certify



**Recipient Committee  
Campaign Statement  
Cover Page — Part 2**

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA  
FORM 460

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**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE  
Dennis Kamp

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
Sought: City Council Member  
City - City of San Clemente

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

**Related Committees Not Included in this Statement:** List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

COMMITTEENAME Dennis Kamp for City Council 2024	ID. NUMBER 1460651	CONTROLLED COMMITTEE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
--	-----------------------	--

NAME OF TREASURER Joana Barcelona	CONTROLLED COMMITTEE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
--------------------------------------	--

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)  
1400 N Harbor Blvd Ste 550

CITY Fullerton STATE CA ZIP CODE 92835 AREA CODE/PHONE

COMMITTEENAME ID. NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE?  
 YES  NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

**6. Primarily Formed Ballot Measure Committee**

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

SUPPORT  
 OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

**7. Primarily Formed Candidate/Officeholder Committee** List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

SUPPORT  
 OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

SUPPORT  
 OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

SUPPORT  
 OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

SUPPORT  
 OPPOSE

Attach continuation sheets if necessary



# Campaign Disclosure Statement Summary Page

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period  
from 01/01/2023  
through 06/01/2023

CALIFORNIA  
FORM 460

Page 3 of 6

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Dennis Kamp for City Council 2022

I.D. NUMBER  
1450277

## Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions ..... Schedule A, Line 3	\$ 500.00	\$ 500.00
2. Loans Received ..... Schedule B, Line 3	-1163.75	0.00
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2	\$ -663.75	\$ 500.00
4. Nonmonetary Contributions ..... Schedule C, Line 3	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4	\$ -663.75	\$ 500.00

## Expenditures Made

6. Payments Made ..... Schedule E, Line 4	\$ 1690.42	\$ 1690.42
7. Loans Made ..... Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7	\$ 1690.42	\$ 1690.42
9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3	0.00	0.00
10. Nonmonetary Adjustment ..... Schedule C, Line 3	0.00	0.00
11. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10	\$ 1690.42	\$ 1690.42

## Current Cash Statement

12. Beginning Cash Balance ..... Previous Summary Page, Line 16	\$ 2354.17
13. Cash Receipts ..... Column A, Line 3 above	-663.75
14. Miscellaneous Increases to Cash ..... Schedule I, Line 4	0.00
15. Cash Payments ..... Column A, Line 8 above	1690.42
16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ 0.00

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 2

## Cash Equivalents and Outstanding Debts

18. Cash Equivalents ..... See instructions on reverse	\$ 0.00
19. Outstanding Debts ..... Add Line 2 + Line 9 in Column B above	\$ 0.00

## Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

1/1 through 6/30 7/1 to Date

20. Contributions Received	\$ _____
21. Expenditures Made	\$ _____

## Expenditure Limit Summary for State Candidates

### 22. Cumulative Expenditures Made\* (If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
____/____/____	\$ _____
____/____/____	\$ _____

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

\*Amounts in this section may be different from amounts reported in Column B.



**Schedule A  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

**CALIFORNIA  
FORM 460**

Statement covers period  
from 01/01/2023  
through 06/01/2023

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SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER  
Dennis Kamp for City Council 2022

I.D. NUMBER  
1450277

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER ID. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR <small>(JAN. 1 - DEC. 31)</small>	PER ELECTION TO DATE <small>(IF REQUIRED)</small>
01/05/2023	DRIVE Committee 25 Louisiana Ave NW Washington, DC 20004 ID : C00032979	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	500.00 G 22
<b>SUBTOTAL \$</b>				500.00		

- Schedule A Summary**
- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 500.00
  - Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ 0.00
  - Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 500.00

\*Contributor Codes  
IND – Individual  
COM – Recipient Committee  
(Other than PTY or SCC)  
OTH – Other (e.g., business entity)  
PTY – Political Party  
SCC – Small Contributor Committee

FPPC Form 460 (January/05)  
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)



Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

I.D. NUMBER  
1450277

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT RECEIVED THIS PERIOD	AMOUNT PAID OR FORGIVEN THIS PERIOD*	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CALENDAR YEAR	PERELECTION**	CUMULATIVE CONTRIBUTIONS TO DATE
Dennis Kamp [REDACTED]	Telecom Strategist Teksystems	\$ 200.00	\$ 0.00	<input checked="" type="checkbox"/> PAID \$ 200.00 <input type="checkbox"/> FORGIVEN \$	\$ 0.00	\$ 0.00%	\$ 200.00	2022		\$ 1163.75
Dennis Kamp [REDACTED]	Telecom Strategist Teksystems	\$ 300.00	\$ 0.00	<input checked="" type="checkbox"/> PAID \$ 300.00 <input type="checkbox"/> FORGIVEN \$	\$ 0.00	\$ 0.00%	\$ 300.00	2022		\$ 1163.75
Dennis Kamp [REDACTED]	Telecom Strategist Teksystems	\$ 663.75	\$ 0.00	<input checked="" type="checkbox"/> PAID \$ 663.75 <input type="checkbox"/> FORGIVEN \$	\$ 0.00	\$ 0.00%	\$ 663.75	2022		\$ 1163.75
<b>SUBTOTALS \$</b>		<b>0.00 \$</b>	<b>0.00 \$</b>	<b>1163.75 \$</b>	<b>0.00 \$</b>	<b>0.00</b>				

(Enter (e) on Schedule E, Line 3)

**Schedule B Summary**

- Loans received this period ..... \$ 0.00  
 (Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period ..... \$ 1163.75  
 (Total Column (c) plus loans under \$100 paid or forgiven.)  
 (Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) ..... **NET \$ -1163.75**  
 Enter the net here and on the Summary Page, Column A, Line 2.

\*Amounts forgiven or paid by another party also must be reported on Schedule A.  
 \*\* If required.

†Contributor Codes  
 IND - Individual  
 COM - Recipient Committee  
 (other than PTY or SCC)  
 OTH - Other (e.g., business entity)  
 PTY - Political Party  
 SCC - Small Contributor Committee



**Schedule E  
Payments Made**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULEE  
**CALIFORNIA 460**  
FORM

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Dennis Kamp for City Council 2022

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through 06/01/2023

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I.D. NUMBER  
1450277

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- |     |   |     |   |     |   |
|-----|---|-----|---|-----|---|
| GMP | campaign paraphernalia/misc.                                  | MBR | member communications                     | RAD | radio airtime and production costs                        |
| CNS | campaign consultants  | MTG | meetings and appearances                  | RFD | returned contributions                                    |
| CTB | contribution (explain nonmonetary)*                           | OFC | office expenses                           | SAL | campaign workers' salaries                                |
| CVC | civic donations   | PET | petition circulating                      | TEL | tv. or cable airtime and production costs                 |
| FIL | candidate filing/ballot fees                                  | PHO | phone banks                               | TRC | candidate travel, lodging, and meals                      |
| FND | fundraising events  | POL | polling and survey research               | TRS | staff/spouse travel, lodging, and meals                   |
| IND | independent expenditure supporting/opposing others (explain)* | POS | posting, delivery and messenger services  | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense   | PRO | professional services (legal, accounting) | VOT | voter registration  |
| LIT | campaign literature and mailings                              | PRI | print ads                                 | WEB | information technology costs (internet, e-mail)           |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
McIntyre & Barcelona LLC 1400 N Harbor Blvd Suite 550 Fullerton, CA 92835-4126	PRO			450.00
McIntyre & Barcelona LLC 1400 N Harbor Blvd Suite 550 Fullerton, CA 92835-4126	PRO			165.50
Dennis Kamp for City Council 2024 1400 N Harbor Blvd Ste 550 Fullerton, CA 92835 ID: 1460651	TSF			985.90
<b>SUBTOTAL \$</b>				<b>1601.40</b>

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**Schedule E Summary**

- Itemized payments made this period. (Include all Schedule E subtotals.) ..... \$ 1601.40
- Unitemized payments made this period of under \$100 ..... \$ 89.02
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... \$ 0.00
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... **TOTAL \$ 1690.42**

