

501-038-006

Statement of Organization Recipient Committee

Statement Type

Initial

Not yet qualified or

Date qualification threshold met

Amendment

Date of termination

06 / 02 / 2023

Termination - See Part 5

CALIFORNIA 410 FORM

For Official Use Only

Date Stamp

City of San Clemente

JUN 5 2023

City Clerk Department

1. Committee Information

I.D. Number 1450277

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

NAME OF ASSISTANT TREASURER, IF ANY

Tammi McInlyre

STREET ADDRESS (NO P.O. BOX)

FULL MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)

COUNTY OF DOMICILE

JURISDICTION WHERE COMMITTEE IS ACTIVE

City of San Clemente

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Attach additional information on appropriately labeled continuation sheets.

3. Verification

I have used all reasonable diligence in preparing this information and certify that 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 contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the information contained herein is true and complete.

Executed on 06/02/23 By _____

Executed on 04/05/23 By _____

Executed on _____ By _____

Executed on _____ By _____

Executed on _____ By _____

Executed on _____ By _____

Executed on _____ By _____

Executed on _____ By _____

Executed on _____ By _____

Executed on _____ By _____

Executed on _____ By _____

Executed on _____ By _____

Executed on _____ By _____

Executed on _____ By _____

Executed on _____ By _____

SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

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I.D. NUMBER
1450277

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. Commonweath 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 | |
| Dennis Kamp | 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 |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |