

Statement of Organization
Recipient Committee

AUG 10 2023

Date Stamp
**DIGITALLY
RECEIVED AND FILED**
in the office of the California
Secretary of State
July 19, 2023

**CALIFORNIA
FORM 410**
RECEIVED
JUL 21 2023
BY: _____

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

| 1. Committee Information | | | | I.D. Number 1452359 <i>(if applicable)</i> | | | | 2. Treasurer and Other Principal Officers | | | |
|-----------------------------------------------------------------------------|--|----------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------|--|---------------------------------------------------------------------------------------------------------|--|-------------------------------|--|
| NAME OF COMMITTEE Enmeier for City Council 2026 | | | | 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] | | NAME OF ASSISTANT TREASURER, IF ANY Tammi McIntyre | | | |
| FULL MAILING ADDRESS (IF DIFFERENT) | | | | STREET ADDRESS (NO P.O. BOX) 1400 N Harbor Blvd. Suite 550 | | | | CITY Fullerton | | | |
| E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) [REDACTED] | | | | STATE CA | | ZIP CODE 92835 | | AREA CODE/PHONE [REDACTED] | | NAME OF PRINCIPAL OFFICER(S) | |
| COUNTY OF DOMICILE Orange | | JURISDICTION WHERE COMMITTEE IS ACTIVE City of San Clemente | | STREET ADDRESS (NO P.O. BOX) | | | | CITY Fullerton | | | |
| Attach additional information on appropriately labeled continuation sheets. | | | | STATE CA | | ZIP CODE 92835 | | AREA CODE/PHONE [REDACTED] | | NAME OF PRINCIPAL OFFICER(S) | |
| 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 that the foregoing is true and correct. | | | | Executed on 19/07/2023 By [REDACTED] SIGNATURE OF TREASURER OR ASSISTANT TREASURER | | | |
| Executed on 19/07/2023 By Mark Enmeier (Jul 19, 2023 11:43 PDT) | | | | SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT | | | | Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT | | | |
| Executed on _____ By _____ | | | | SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT | | | | Executed on _____ By _____ | | | |
| Executed on _____ By _____ | | | | SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT | | | | Executed on _____ By _____ | | | |

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 2

| | |
|-------------------------------------------------|------------------------|
| COMMITTEE NAME Enmeier for City Council 2026 | I.D. NUMBER 1452359 |
|-------------------------------------------------|------------------------|

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 | 2026 | <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 |
| | | | |
| | | | |

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 3

I.D. NUMBER

COMMITTEE NAME

4. Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

CITY Committee

COUNTY Committee

STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Small Contributor Committee

_____/_____/_____

Date qualified

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or ponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
 - There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
 - Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.