

**Statement of Organization  
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial	<input checked="" 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	<b>CALIFORNIA FORM 410</b>
City of San Clemente	For Official Use Only
APR 15 2024	
City Clerk Department	

1. Committee Information		I.D. Number		2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE		1468115		NAME OF TREASURER			
Angela Watts for City Council 2024		(if applicable)		Joana Barcelona			
STREET ADDRESS (NO P.O. BOX)		CITY		STATE		ZIP CODE	
1400 N Harbor Blvd Suite 550		Fullerton		CA		92835	
CITY		STATE		ZIP CODE		AREA CODE/PHONE	
Fullerton		CA		92835		[REDACTED]	
FULL MAILING ADDRESS (IF DIFFERENT)		E-MAIL ADDRESS OF TREASURER (REQUIRED)		NAME OF ASSISTANT TREASURER, IF ANY			
[REDACTED]		[REDACTED]		[REDACTED]			
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)		CITY		STATE		ZIP CODE	
[REDACTED]		Fullerton		CA		92835	
COUNTY OF DOMICILE		JURISDICTION WHERE COMMITTEE IS ACTIVE		STREET ADDRESS (NO P.O. BOX)			
Orange		City of San Clemente		[REDACTED]			
[REDACTED]		[REDACTED]		CITY		STATE	
[REDACTED]		[REDACTED]		Fullerton		CA	
[REDACTED]		[REDACTED]		ZIP CODE		92835	
[REDACTED]		[REDACTED]		E-MAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED)			
[REDACTED]		[REDACTED]		[REDACTED]			
[REDACTED]		[REDACTED]		NAME OF PRINCIPAL OFFICER(S)			
[REDACTED]		[REDACTED]		[REDACTED]			
[REDACTED]		[REDACTED]		CITY		STATE	
[REDACTED]		[REDACTED]		Fullerton		CA	
[REDACTED]		[REDACTED]		ZIP CODE		92835	
[REDACTED]		[REDACTED]		E-MAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED)			
[REDACTED]		[REDACTED]		[REDACTED]			
Attach additional information on appropriately labeled continuation sheets.							

**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 04/15/24 \_\_\_\_\_  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 04/15/24 By Angela Watts (Apr 15, 2024 1:08 PM) \_\_\_\_\_  
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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COMMITTEE NAME Angela Watts for City Council 2024	I.D. NUMBER 1468115
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• All committees must list the financial institution where the campaign bank account is located and the person(s) authorized to obtain bank records.

NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RECORDS Pacific Premier Bank	AREA CODE/PHONE 714-578-7502	BANK ACCOUNT NUMBER [REDACTED]	
ADDRESS OF FINANCIAL INSTITUTION 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		
Angela Watts	Council Member, City of San Clemente Dist. 3	2024	Nonpartisan <input checked="" type="checkbox"/>	Partisan <input type="checkbox"/>	(list political party below)
			Nonpartisan <input type="checkbox"/>	Partisan <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
		SUPPORT	OPPOSE

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COMMITTEE NAME

Angela Watts for City Council 2024

**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.