

MAY 21 2024

San Clemente

Statement of Organization Recipient Committee

City Clerk Department

Date Stamp DIGITALLY RECEIVED AND FILED in the office of the California Secretary of State APR 25 2024 CALIFORNIA FORM 410 For Official Use Only RECEIVED APR 29 2024 30

Statement Type: [] Initial, [] Not yet qualified or [] Date qualification threshold met, [x] Amendment, [] Termination - See Part 5. Date qualification threshold met: 04 / 14 / 2024. Date of termination: / /

1. Committee Information: NAME OF COMMITTEE: Angela Watts for City Council 2024. I.D. Number: 1468115. STREET ADDRESS: 1400 N Harbor Blvd Suite 550. CITY: Fullerton. STATE: CA. ZIP CODE: 92835. AREA CODE/PHONE: [REDACTED]. JURISDICTION WHERE COMMITTEE IS ACTIVE: City of San Clemente. 2. Treasurer and Other Principal Officers: NAME OF TREASURER: Joana Barcelona. STREET ADDRESS: 1400 N Harbor Blvd Suite 550. CITY: Fullerton. STATE: CA. ZIP CODE: 92835. EMAIL ADDRESS OF TREASURER (REQUIRED): [REDACTED]. NAME OF ASSISTANT TREASURER, IF ANY: [REDACTED]. NAME OF PRINCIPAL OFFICER(S): [REDACTED].

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 04/25/24 By [REDACTED] SIGNATURE OF TREASURER OR ASSISTANT TREASURER. Executed on 04/25/24 By [REDACTED] 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.

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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		
			Nonpartisan	Partisan	(list political party below)
Angela Watts	Council Member, City of San Clemente Dist. 3	2024	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
			<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"/>

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COMMITTEE NAME

Angela Watts for City Council 2024

I.D. NUMBER

1468115

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.