

**Statement of Organization
Recipient Committee**

RECEIVED
 AUG 29 2016
 TUSTIN
 CITY CLERK'S OFFICE

tustin

Statement Type Initial
 Not yet qualified or

_____ / _____ / _____
 Date qualified as committee

Amendment
 List I.D. number:
 # 1345896

05 / 31 / 2012
 Date qualified as committee
 (if applicable)

Termination - See Part 5
 List I.D. number:
 # _____

_____ / _____ / _____
 Date of Termination

| | |
|--|---|
| Date Stamp | CALIFORNIA FORM 410 |
| RECEIVED AND FILED in the office of the Secretary of State of the State of California JUL 08 2016 | For Official Use Only LED JUL 15 2016 |

1. Committee Information

NAME OF COMMITTEE
 Puckett for Council 2016

STREET ADDRESS (NO P.O. BOX)

| | | | |
|----------------|-------------|-------------------|--------------------------|
| CITY Tustin | STATE CA | ZIP CODE 92780 | AREA CODE/PHONE _____ |
|----------------|-------------|-------------------|--------------------------|

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS

| | |
|------------------------------|--|
| COUNTY OF DOMICILE Orange | JURISDICTION WHERE COMMITTEE IS ACTIVE City of Tustin |
|------------------------------|--|

2. Treasurer and Other Principal Officers

NAME OF TREASURER
 Barrett Garcia

STREET ADDRESS (NO P.O. BOX)
 32302 Camino Capistrano #214

| | | | |
|-----------------------------|-------------|-------------------|-----------------------------------|
| CITY San Juan Capistrano | STATE CA | ZIP CODE 92675 | AREA CODE/PHONE (949) 496-6363 |
|-----------------------------|-------------|-------------------|-----------------------------------|

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

| | | | |
|---------------|----------------|-------------------|--------------------------|
| CITY _____ | STATE _____ | ZIP CODE _____ | AREA CODE/PHONE _____ |
|---------------|----------------|-------------------|--------------------------|

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

| | | | |
|---------------|----------------|-------------------|--------------------------|
| CITY _____ | STATE _____ | ZIP CODE _____ | AREA CODE/PHONE _____ |
|---------------|----------------|-------------------|--------------------------|

REGISTRAR OF VOTERS
 By _____ Deputy

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 7/5/16 By _____ ASSISTANT TREASURER

Executed on 6/30/16 By _____ SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
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INSTRUCTIONS ON REVERSE

COMMITTEE NAME

I.D. NUMBER

Puckett for Council 2016

1345896

- All committees must list the financial institution where the campaign bank account is located.

| | | |
|--|-----------------------------------|-----------------------------------|
| NAME OF FINANCIAL INSTITUTION Bank of America | AREA CODE/PHONE (888) 287-4637 | BANK ACCOUNT NUMBER [REDACTED] |
| ADDRESS 26831 Aliso Creek Road | CITY Aliso Viejo | STATE ZIP CODE Ca 92656 |

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."
- 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 |
|--|---|------------------|--------------------------------------|
| Charles E. Puckett | City Council Member: Tustin | 2016 | <input type="checkbox"/> Nonpartisan |
| | | | <input type="checkbox"/> Nonpartisan |

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) | 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
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CALIFORNIA
FORM **410**

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

Puckett for Council 2016

I.D. NUMBER

1345896

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

Small Contributor Committee

Date qualified

5. Termination Requirements By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent 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.