

Statement of Organization
Recipient Committee

Type or print in Ink

COPY

STATEMENT OF ORGANIZATION

CALIFORNIA
FORM **410**

For Official Use Only

Statement Type Initial
Not yet qualified or

_____/_____/_____
Date qualified as committee

Amendment

List I.D. number:

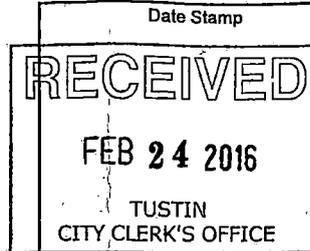
1381739

1 / 21 / 16
Date qualified as committee
(If applicable)

Termination - See Part 5

List I.D. number:

_____/_____/_____
Date of Termination



1. Committee Information

NAME OF COMMITTEE

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS

AUSTIN4TUSTIN@GMAIL.COM

COUNTY OF DOMICILE

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT
THAN COUNTY OF DOMICILE

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge 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 FEBRUARY 23, 2016
DATE

Executed on FEBRUARY 23, 2016
DATE

Executed on _____
DATE

Executed on _____
DATE

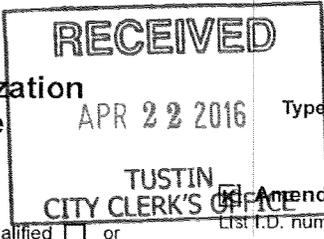
By _____
TREASURER OR ASSISTANT TREASURER

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**



COPY

Tustin

STATEMENT OF ORGANIZATION

Statement Type

Initial

Not yet qualified or

Amendment
List I.D. number:

1381739

_____/_____/_____
Date qualified as committee

01 / 21 / 16
Date qualified as committee
(if applicable)

Termination -- See Part 5

List I.D. number:

_____/_____/_____
Date of Termination

Date Stamp

RECEIVED AND FILED
in the office of the Secretary of State
of the State of California

FEB 25 2016

By _____

CALIFORNIA FORM 410
For Official Use Only

MAR 07 2016

REGISTRAR OF VOTERS
Deputy

1. Committee Information

NAME OF COMMITTEE

LUMBARD FOR COUNCIL 2016

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

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 FEBRUARY 22, 2016
DATE

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on FEBRUARY 22, 2016
DATE

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____
DATE

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____
DATE

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

RECEIVED
Type or print in ink
FEB 11 2016
TUSTIN
CITY CLERK'S OFFICE
COPY

TUSTIN
STATEMENT OF ORGANIZATION

Statement Type Initial
Not yet qualified or

Amendment Termination - See Part 9 in the office of the Secretary of State of the State of California

Date Stamp
RECEIVED AND FILED
JAN 25 2016
CALIFORNIA FORM 410
For Official Use Only

List I.D. number: # 1381739

01 / 21 / 16
Date qualified as committee (If applicable)
Date of Termination

Date qualified as committee

1. Committee Information

NAME OF COMMITTEE
LUMBARD FOR TUSTIN CITY COUNCIL 2016

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
TUSTIN	CA	92782	_____

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE ORANGE	COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE ORANGE
------------------------------	---

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER
AUSTIN J. LUMBARD

STREET ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
TUSTIN	CA	92782	_____

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS

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

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE

MAILING ADDRESS

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

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge 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 JANUARY 21, 2016
DATE

By _____
TREASURER

Executed on JANUARY 21, 2016
DATE

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____
DATE

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____
DATE

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 2

COMMITTEE NAME

LUMBARD FOR TUSTIN CITY COUNCIL 2016

I.D. NUMBER

1381739

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 "non-partisan."
- 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
AUSTIN J. LUMBARD	TUSTIN CITY COUNCIL	2016	<input checked="" type="checkbox"/> Non-Partisan
			<input type="checkbox"/> Non-Partisan

- List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER	
WELLS FARGO BANK, N.A.	(714) 566-1340	[REDACTED]	
ADDRESS	CITY	STATE	ZIP CODE
2677 PARK AVENUE	TUSTIN	CA	92782

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
		SUPPORT	OPPOSE
		SUPPORT	OPPOSE

30

RECEIVED
JAN 7 2016
TUSTIN
CITY CLERK'S OFFICE

1381739

COPY

Statement of Organization
Recipient Committee

Type or print in ink
TUSTIN
CITY CLERK'S OFFICE

STATEMENT OF ORGANIZATION

CALIFORNIA
FORM 410

For Official Use Only

Statement Type

Initial

Amendment

Termination - See Part 5

Not yet qualified or

List I.D. number

List I.D. number

Date qualified as committee

Date qualified as committee
(If applicable)

Date of Termination

Date Stamp

RECEIVED AND FILED
in the office of the Secretary of State
of the State of California

DEC 28 2015

DEC 31 2015

REGISTRAR OF VOTERS
Deputy

1. Committee Information

NAME OF COMMITTEE

LUMBARD FOR TUSTIN CITY COUNCIL 2016

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
TUSTIN	CA	92782	[REDACTED]

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE

ORANGE

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT
THAN COUNTY OF DOMICILE

ORANGE

Attach additional information on appropriately labeled continuation sheets

2. Treasurer and Other Principal Officers

NAME OF TREASURER

AUSTIN J. LUMBARD

STREET ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
TUSTIN	CA	92782	[REDACTED]

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS

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

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE

MAILING ADDRESS

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

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 DECEMBER 23, 2015
DATE

By _____ TREASURER

Executed on DECEMBER 23, 2015
DATE

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____
DATE

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____
DATE

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

STATEMENT OF ORGANIZATION

**CALIFORNIA
FORM 410**

INSTRUCTIONS ON REVERSE

Page 2

COMMITTEE NAME

I.D. NUMBER

LUMBARD FOR TUSTIN CITY COUNCIL 2016

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 "non-partisan."
- 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
AUSTIN J. LUMBARD	TUSTIN CITY COUNCIL	2016	<input checked="" type="checkbox"/> Non-Partisan
			<input type="checkbox"/> Non-Partisan

- List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER	
ADDRESS	CITY	STATE	ZIP CODE

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