Statement of Organization
Recipient Committee

Statement Type

☐ **Initial** Not yet qualified ☑ or

☑ **Amendment** List I.D. number: # 1420522

☐ **Termination – See Part 5** List I.D. number: #

Date qualified as committee: ____/____/____

Date qualified as committee (if applicable): ____/____/____

Date of Termination: ____/____/____

Date Stamp
RECEIVED
JUN 24 2020
TUSTIN
CITY CLERK'S OFFICE

CALIFORNIA FORM 410

For Official Use Only

1. Committee Information

NAME OF COMMITTEE
Adams for Tustin City Council 2020

STREET ADDRESS (NO P.O. BOX)
1440 N. Harbor Blvd. Suite 707

CITY | STATE | ZIP CODE | AREA CODE/PHONE
Fullerton | CA | 92835 | [redacted]

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS
F: 949-271-4896 E: joana@mcintyre-barcelona.com

COUNTY OF DOMICILE | JURISDICTION WHERE COMMITTEE IS ACTIVE

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Joana Barcelona

STREET ADDRESS (NO P.O. BOX)
1440 N. Harbor Blvd. Suite 707

CITY | STATE | ZIP CODE | AREA CODE/PHONE
Fullerton | CA | 92835 | 714-745-5281

NAME OF ASSISTANT TREASURER, IF ANY
Tammi McIntyre

STREET ADDRESS (NO P.O. BOX)
1440 N. Harbor Blvd. Suite 707

CITY | STATE | ZIP CODE | AREA CODE/PHONE
Fullerton | CA | 92835 | 949-697-7532

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

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 [redacted]

Executed on 6/12/20 (DATE) By [redacted] (SIGNATURE OF TREASURER)

Executed on 6/12/20 (DATE) By [redacted] (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)

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Recipient Committee

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME
Adams for Tustin City Council 2020

I.D. NUMBER
1420522

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

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER
Opus Bank	(714) 578-7502	[redacted]

ADDRESS	CITY	STATE	ZIP CODE
200 W. Commonwealth Ave.	Fullerton	CA	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."
- 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
Kimberly Anne Adams	Tustin City Council	2020	☑ Nonpartisan
			☐ 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 ☐
		SUPPORT ☐	OPPOSE ☐