

**Statement of Organization Recipient Committee**

Statement Type  Initial  Amendment  Termination - See Part 5  
 Not yet qualified  or  
 # 1381739  
 01 / 21 / 2016  
 Date qualified as committee (if applicable)  
 # \_\_\_\_\_  
 \_\_\_\_\_  
 Date of Termination

Date Stamp	CALIFORNIA FORM <b>410</b>
RECEIVED	For Official Use Only
APR 05 2017	
TUSTIN CITY CLERK'S OFFICE	

**1. Committee Information**

NAME OF COMMITTEE  
 Lumbarb for Council 2018  
 STREET ADDRESS (NO P.O. BOX)  
 \_\_\_\_\_  

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

 MAILING ADDRESS (IF DIFFERENT)  
 \_\_\_\_\_  
 FAX / E-MAIL ADDRESS  
 austin@tustin@gmail.com  
 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	STATE	ZIP CODE	AREA CODE/PHONE
San Juan Capistrano	CA	92675	(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

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 4/3/17 By \_\_\_\_\_  
DATE  
 Executed on 03/28/2017 By \_\_\_\_\_  
DATE  
 Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE  
 Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE

# Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Lumbard for Council 2018

I.D. NUMBER

1381739

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

NAME OF FINANCIAL INSTITUTION Wells Fargo Bank, N.A.	AREA CODE/PHONE (714) 566-1340	BANK ACCOUNT NUMBER [REDACTED]	
ADDRESS [REDACTED]	CITY Tustin	STATE CA	ZIP CODE 92702

## 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
Austin J. Lumbard	City Council Member: Tustin		<input checked="" 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  
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME  
Lumbard for Council 2018

I.D. NUMBER  
1381739

**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.