Statement of Organization
Recipient Committee

CALIFORNIA FORM 410

For Official Use Only

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TUSTIN
CITY CLERK'S OFFICE

Statement Type: ☑ Initial (Not yet qualified ☐ or) ☐ Amendment (List I.D. number: #_____) ☐ Termination – See Part 5 (List I.D. number: #_____)

08 /05 /2020 — Date qualified as committee

_____/_____/_____ — Date qualified as committee (If applicable)

_____/_____/_____ — Date of Termination

1. Committee Information

NAME OF COMMITTEE
Beckie Gomez for 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	7147455281

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

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

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 St[redacted]

Executed on 08/05/2020 (DATE) By [redacted]

Executed on August 5, 2020 (DATE) By [redacted]

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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INSTRUCTIONS ON REVERSE

CALIFORNIA FORM **410**

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COMMITTEE NAME

Beckie Gomez for City Council 2020

I.D. NUMBER

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

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER	
Pacific Premier 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
Rebecca Gomez	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 ☐