

**Statement of Organization  
Recipient Committee**

Statement Type  **Initial**  **Amendment**  **Termination – See Part 5**  
 Not yet qualified  or List I.D. number: \_\_\_\_\_  
 # \_\_\_\_\_ # \_\_\_\_\_  
02 / 11 / 2020 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Date qualified as committee Date qualified as committee Date of Termination  
(If applicable)

Date Stamp	<b>CALIFORNIA FORM 410</b>
Received City of Mission Viejo	For Official Use Only
FEB 27 2020	
City Clerk	

**1. Committee Information**

NAME OF COMMITTEE  
**Pauline Hale for Mission Viejo City Council 2020**

STREET ADDRESS (NO P.O. BOX)  
 \_\_\_\_\_  
 \_\_\_\_\_

CITY STATE ZIP CODE AREA CODE/PHONE  
**Fullerton CA 92835** \_\_\_\_\_

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)  
 \_\_\_\_\_  
 \_\_\_\_\_

CITY STATE ZIP CODE AREA CODE/PHONE  
**Fullerton CA 92835** \_\_\_\_\_

NAME OF ASSISTANT TREASURER, IF ANY  
**Tammi McIntyre**

STREET ADDRESS (NO P.O. BOX)  
 \_\_\_\_\_  
 \_\_\_\_\_

CITY STATE ZIP CODE AREA CODE/PHONE  
**Fullerton CA 92835** \_\_\_\_\_

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 02/10/20 By [Signature]  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 02/17/20 By [Signature]  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

Pauline Hale for Mission Viejo City Council 2020

I.D. NUMBER

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

NAME OF FINANCIAL INSTITUTION <b>Opus Bank</b>	AREA CODE/PHONE [REDACTED]	BANK ACCOUNT NUMBER [REDACTED]
ADDRESS [REDACTED]	CITY [REDACTED]	STATE ZIP CODE [REDACTED]

**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
Pauline Hale	Member, Mission Viejo City Council	2020	<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
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>