

Statement of Organization
Recipient Committee

Statement Type

☐ Initial

☐ Not yet qualified
or

☐ Date qualification threshold met

☒ Amendment

Date qualification threshold met

07 / 01 / 2021

☐ Termination – See Part 5

Date of termination

Date Stamp

**DIGITALLY
RECEIVED AND FILED**
in the office of the California
Secretary of State
March 27, 2024

CALIFORNIA
FORM **410**

For Official Use Only

RECEIVED
APR 05 2024

1. Committee Information		I.D. Number (if applicable)		2. Treasurer and Other Principal Officers	
NAME OF COMMITTEE		NAME OF TREASURER		NAME OF TREASURER	
ODDO FOR CITY COUNCIL 2026		Joana Barcelona		Joana Barcelona	
STREET ADDRESS (NO P.O. BOX)		STREET ADDRESS (NO P.O. BOX)		STREET ADDRESS (NO P.O. BOX)	
[REDACTED]		[REDACTED]		[REDACTED]	
CITY		CITY		CITY	
Fullerton		Fullerton		Fullerton	
STATE		STATE		STATE	
CA		CA		CA	
ZIP CODE		ZIP CODE		ZIP CODE	
92835		92835		92835	
AREA CODE/PHONE		AREA CODE/PHONE		AREA CODE/PHONE	
[REDACTED]		[REDACTED]		[REDACTED]	
FULL MAILING ADDRESS (IF DIFFERENT)		EMAIL ADDRESS OF TREASURER (REQUIRED)		EMAIL ADDRESS OF TREASURER (REQUIRED)	
[REDACTED]		[REDACTED]		[REDACTED]	
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)		NAME OF ASSISTANT TREASURER, IF ANY		NAME OF ASSISTANT TREASURER, IF ANY	
[REDACTED]		[REDACTED]		[REDACTED]	
COUNTY OF DOMICILE		JURISDICTION WHERE COMMITTEE IS ACTIVE		JURISDICTION WHERE COMMITTEE IS ACTIVE	
Orange County		City of Laguna Niguel		City of Laguna Niguel	
Attach additional information on appropriately labeled continuation sheets.		STREET ADDRESS (NO P.O. BOX)		STREET ADDRESS (NO P.O. BOX)	
[REDACTED]		[REDACTED]		[REDACTED]	
[REDACTED]		CITY		CITY	
[REDACTED]		STATE		STATE	
[REDACTED]		ZIP CODE		ZIP CODE	
[REDACTED]		[REDACTED]		[REDACTED]	
[REDACTED]		EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED)		EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED)	
[REDACTED]		[REDACTED]		[REDACTED]	

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	03/27/24	By	<u>Joana Barcelona</u>	SIGNATURE OF TREASURER OR ASSISTANT TREASURER
	DATE			
Executed on	03/27/24	By	<u>Stephanie Oddo</u>	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
	DATE		Stephanie Oddo (Mar 27, 2024 11:22 PDT)	
Executed on		By		SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
	DATE			
Executed on		By		SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
	DATE			

Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA
FORM 410

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COMMITTEE NAME
ODDO FOR CITY COUNCIL 2026

I.D. NUMBER
1439662

- All committees must list the financial institution where the campaign bank account is located and the person(s) authorized to obtain bank records.

NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RECORDS

Pacific Premier Bank.

AREA CODE/PHONE

BANK ACCOUNT NUMBER

ADDRESS OF FINANCIAL INSTITUTION

CITY

Fullerton

STATE

CA

ZIP CODE

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." Stating "No party preference" is acceptable.
- 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 CHECK ONE		
Stephanie Oddo	Council Member, City of Laguna Niguel Dist. 4	2026	Nonpartisan ✓	Partisan	(list political party below)
			Nonpartisan	Partisan	(list political party below)

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) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
		SUPPORT	OPPOSE