

Statement of Organization
Recipient Committee

Statement Type

<input type="checkbox"/> Initial <input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met ____/____/____	<input checked="" type="checkbox"/> Amendment Date qualification threshold met 09/11/2023	<input type="checkbox"/> Termination – See Part 5 Date of termination ____/____/____
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Date Stamp

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Secretary of State
OCT 06 2023

**CALIFORNIA
FORM 410**

For Official Use Only

2023 OCT 20 AM 9:32 19
CAMPAIGN FINANCE
DISCLOSURE SECTION

1. Committee Information				I.D. Number 1458940 (if applicable)				2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE MARK HENDERSON FOR CITY COUNCIL 2024				NAME OF TREASURER Joana Barcelona				STREET ADDRESS (NO P.O. BOX) 1400 N Harbor Blvd. Suite 550			
STREET ADDRESS (NO P.O. BOX) 1400 N Harbor Blvd. Suite 550				CITY Fullerton				STATE CA			
CITY Fullerton				STATE CA				ZIP CODE 92835			
FULL MAILING ADDRESS (IF DIFFERENT)				NAME OF ASSISTANT TREASURER, IF ANY Tammi McIntyre				STREET ADDRESS (NO P.O. BOX) 1400 N Harbor Blvd. Suite 550			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) joana@mcintyre-barcelona.com				CITY Fullerton				STATE CA			
CITY Los Angeles				STATE CA				ZIP CODE 92835			
JURISDICTION WHERE COMMITTEE IS ACTIVE City of Gardena				NAME OF PRINCIPAL OFFICER(S)				STREET ADDRESS (NO P.O. BOX)			
Attach additional information on appropriately labeled continuation sheets.				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 State of California that the foregoing is true and correct.

Executed on	10/06/23	By	[Signature]	SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on	10/06/23	By	[Signature]	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on		By		SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on		By		SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

FPPC Form 410 (August/2018)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

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COMMITTEE NAME

MARK HENDERSON FOR CITY COUNCIL 2024

I.D. NUMBER

1458940

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

NAME OF FINANCIAL INSTITUTION

Pacific Premier Bank

AREA CODE/PHONE

714 578-7502

BANK ACCOUNT NUMBER

ADDRESS

200 W. Commonwealth Ave

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		
Mark Henderson	Council Member, City of Gardena	2024	Nonpartisan <input checked="" type="checkbox"/>	Partisan <input type="checkbox"/>	(list political party below)
			Nonpartisan <input type="checkbox"/>	Partisan <input type="checkbox"/>	(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

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I.D. NUMBER

COMMITTEE NAME

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

AREA CODE/PHONE

Small Contributor Committee

☐ ____/____/____

Date qualified

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or ponent 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.

FPPC Form 410 (August/2018)

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FORM410_AMENDMENT_MARK HENDERSON FOR CITY COUNCIL 2024

Final Audit Report

2023-10-06

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