

Statement of Organization  
Recipient Committee

Statement Type

☒ Initial

Not yet qualified ☒ or

☐ Amendment

List I.D. number:

# \_\_\_\_\_

☐ Termination — See Part 5

List I.D. number:

# \_\_\_\_\_

\_\_\_\_\_  
Date qualified as committee

\_\_\_\_\_  
Date qualified as committee  
(If applicable)

\_\_\_\_\_  
Date of Termination

1458940

Date Stamp

**DIGITALLY  
RECEIVED AND FILED**  
in the office of the California  
Secretary of State  
**MAR 07 2023**

CALIFORNIA  
FORM

410

For Official Use Only

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CITY CLERK'S

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1. Committee Information

NAME OF COMMITTEE

Mark Henderson for City Council 2024

STREET ADDRESS (NO P.O. BOX)

1400 N. Harbor Blvd. Suite 550

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

Los Angeles

City of Gardena

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Joana Barcelona

STREET ADDRESS (NO P.O. BOX)

1400 N. Harbor Blvd. Suite 550

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)

1400 N. Harbor Blvd. Suite 550

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 State of California that the foregoing is true and correct.

Executed on 03/03/2023

DATE

By

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on Mar 7, 2023

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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

FPPC Form 410 (Jan/2016)

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

www.fppc.ca.gov

Statement of Organization  
Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA  
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COMMITTEE NAME

Mark Henderson for City Council 2024

I.D. NUMBER

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

NAME OF FINANCIAL INSTITUTION		BANK ACCOUNT NUMBER	
ADDRESS	CITY	STATE	ZIP CODE

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
Mark Henderson	Council Member, City of Gardena	2024	<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 <input type="checkbox"/>	OPPOSE <input type="checkbox"/>
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>