

RECEIVED

Statement of Organization Recipient Committee

Statement Type

Initial
 Not yet qualified or
 Date qualification threshold met

Amendment
 Date qualification threshold met _____/_____/_____

Termination - See Part 5
 Date of termination 12 / 31 / 2021

Date Stamp
JAN 19 2022

City Clerk's Office
City of Laguna Beach, CA

CALIFORNIA FORM 410
For Official Use Only

1. Committee Information				I.D. Number 1429906				2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE Ruben Flores for City Council 2020				NAME OF TREASURER Glenn Gray				STREET ADDRESS (NO P.O. BOX) [REDACTED]			
STREET ADDRESS (NO P.O. BOX) [REDACTED]				CITY Laguna Beach		STATE CA		ZIP CODE 92651		AREA CODE/PHONE [REDACTED]	
CITY Laguna Beach				STATE CA		ZIP CODE 92651		AREA CODE/PHONE [REDACTED]			
FULL MAILING ADDRESS (IF DIFFERENT)				NAME OF ASSISTANT TREASURER, IF ANY							
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) Ruben@rubenflorescitycouncil.com				STREET ADDRESS (NO P.O. BOX)							
CITY OF DOMICILE Orange				JURISDICTION WHERE COMMITTEE IS ACTIVE Laguna Beach, Orange County, CA				CITY STATE ZIP CODE AREA CODE/PHONE			
Attach additional information on appropriately labeled continuation sheets.				NAME OF PRINCIPAL OFFICER(S)							
				STREET ADDRESS (NO P.O. BOX)							
				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 1/19/2022 By [REDACTED] SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 1/19/2022 By [REDACTED] 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