

**Statement of Organization
Recipient Committee**

Statement Type

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

Date Stamp RECEIVED JUN 4 2 2022 City Clerk's Office City of Laguna Beach, CA	CALIFORNIA FORM 410 For Official Use Only
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1. Committee Information	2. Treasurer and Other Principal Officers
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I.D. Number (if applicable) Pending

NAME OF COMMITTEE
Laguna Local PAC

STREET ADDRESS (NO P.O. BOX)
1936 Coast Highway

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Laguna Beach	CA	92651	(628)899-6180

FULL MAILING ADDRESS (IF DIFFERENT)
393 7th Avenue, Suite 301 San Francisco, CA 94118

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)
political@viewavegrp.com / (415)358-9560

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
Orange	Laguna Beach

NAME OF TREASURER
Nima Alipour

STREET ADDRESS (NO P.O. BOX)
1936 Coast Highway

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Laguna Beach	CA	92651	(628)899-6180

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)
Nima Alipour

STREET ADDRESS (NO P.O. BOX)
1936 Coast Highway

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Laguna Beach	CA	92651	(628)899-6180

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 4/14/22 By [Signature]
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

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

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

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Laguna Local PAC

I.D. NUMBER

Pending

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

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	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." 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		(list political party below)
			Nonpartisan	Partisan	

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
Ordinance to Rescind City Ban on Cannabis Businesses; Authorize Establishment & Regulation of One Cannabis Storefront Retail Business & One Cannabis Delivery-Only Business in Laguna Canyon	City of Laguna Beach	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Laguna Local PAC

I.D. NUMBER

Pending

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 proponent 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.

Additional Comments
For Form 410

ADDITIONAL COMMENTS

CALIFORNIA
FORM **410**

Page 4 of 4

COMMITTEE NAME
Laguna Local PAC

I.D. NUMBER
Pending

Additional Committee Address: P.O. Box 1596, Laguna Beach, CA 92652