

**Statement of Organization
Recipient Committee**

Statement Type

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

1450234

Date Stamp
RECEIVED AND FILED
 in the office of the Secretary of State
 of the State of California
JUL 20 2022

Laguna Beach
CALIFORNIA FORM 410
 For Official Use Only
JUL 23 2022
 REGISTRAR OF VOTERS

| 1. Committee Information | | | | I.D. Number (if applicable) | | | | 2. Treasurer and Other Principal Officers | | | |
|---|--|--|--|--|--|-------------------------------|--|--|--|-------------------------------|--|
| NAME OF COMMITTEE Citizens For Laguna's Future | | | | 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] | | NAME OF ASSISTANT TREASURER, IF ANY | | | |
| FULL MAILING ADDRESS (IF DIFFERENT) | | | | STREET ADDRESS (NO P.O. BOX) | | | | CITY | | | |
| E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) [REDACTED] | | | | STATE | | | | ZIP CODE | | AREA CODE/PHONE | |
| COUNTY OF DOMICILE Orange | | JURISDICTION WHERE COMMITTEE IS ACTIVE City of Laguna Beach | | NAME OF PRINCIPAL OFFICER(S) Glenn Gray | | | | STREET ADDRESS (NO P.O. BOX) [REDACTED] | | | |
| Attach additional information on appropriately labeled continuation sheets. | | | | CITY Laguna Beach | | STATE CA | | ZIP CODE 92651 | | AREA CODE/PHONE [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 July 1, 2022 By [REDACTED]
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

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INSTRUCTIONS ON REVERSE

Page 2

| | |
|--|-------------|
| COMMITTEE NAME Citizens For Laguna's Future | I.D. NUMBER |
|--|-------------|

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

| | | |
|--|---------------------------------|------------------------------|
| NAME OF FINANCIAL INSTITUTION Infinity Bank | AREA CODE/PHONE 657.304.2365 | BANK ACCOUNT NUMBER 10298 |
| ADDRESS 6 Hutton Center Drive | CITY Santa Ana | STATE ZIP CODE CA 92707 |

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 | | (list political party below) |
|--|---|------------------|-----------------|----------|------------------------------|
| | | | Nonpartisan | Partisan | |
| | | | 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 |
| "An Ordinance Creating an Overlay Zoning District and Requiring Voter Approval of major Development Projects" | City of Laguna Beach, County of Orange | SUPPORT | OPPOSE ✓ |
| | | SUPPORT | OPPOSE |