Lugara Beach

Statement of O			Date Stamp		CALIFORNIA 410		
Recipient Com			RE	CEIVED AND FILE	FORM For Official		
Statement Type	☐ Initial	✓ Amendment	Termination – See Paint the	office of the Secretary of S of the State of California	For Official	Use Only	
	O Not yet qualified			E S	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2072	
	O Date qualification threshold r	net Date qualification threshold met	Date of termination	AUG 05 2022	AUG 17	July and	
	/	08 / 03 / 2022	//			OF VOTERS	
1. Committee	Information I.D. Nun	nber 1450234	2. Treasurer and	Other Principal Officer	REGISTINAN	Deputy	
NAME OF COMMITTEE	(і) арріісавіе)		NAME OF TREASURER		<u> </u>		
Citizens For Lagu	una's Future		Glenn Gray	* 5 *			
			STREET ADDRESS (NO P.O. BOX)				
STREET ADDRESS (NO P.O.	BOX)		CITY	STATE		REA CODE/PHONE	
			Laguna Beach	CA	92651		
CITY	STATE	ZIP CODE AREA CODE/PHONE	NAME OF ASSISTANT TREASURE	R, IF ANY			
Laguna Beach	CA	92651					
FULL MAILING ADDRESS (I	IF DIFFERENT)		STREET ADDRESS (NO P.O. BOX)				
E-MAIL ADDRESS (REQUIR	ED) / FAX (OPTIONAL)		CITY	STATE	ZIP CODE A	REA CODE/PHONE	
COUNTY OF DOMICILE	JURISDICTION WHER	E COMMITTEE IS ACTIVE	NAME OF PRINCIPAL OFFICER(S)	)			
Orange	Orange City of Laguna Beach						
			STREET ADDRESS (NO P.O. BOX)				
				STATE	ZIP CODE	AREA CODE/PHONE	
Attach additiona	l information on appropriate	ly labeled continuation sheets.	CITY		92651	AREA GODE/THORE	
			Laguna Beach	CA	92031		
3. Verification							
I have used all re	easonable diligence in prepar	ing this statement and to the bes	t of my knowledge the informa	ation contained herein is true	e and complete. I ce	ertify under	
penalty of perjur	ry under the laws of the Stat	e of California that the foregoing	is true and correct.				
Executed on	Aug. 3, 2022						
	DATE	SI	GNAPORE OF TREASURER OR ASSISTANT TREAS	SURER			
Executed on	DATE By		ROLLING OFFICEHOLDER, CANDIDATE, OR STATI	T MEACURE PROPONENT			
		SIGNATURE OF CONT	ROLLING OFFICEHOLDER, CANDIDATE, OR STATI	E MEASURE PROPUNENT			
Executed on	DATE By	SIGNATURE OF CONT	ROLLING OFFICEHOLDER, CANDIDATE, OR STAT	E MEASURE PROPONENT			
Executed on	Ву						
Executed on	DATE	SIGNATURE OF CONT	ROLLING OFFICEHOLDER, CANDIDATE, OR STAT	TE MEASURE PROPONENT			

FPPC Form 410 (August/2018)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Statement of Organization Recipient Committee INSTRUCTIONS ON REVERSE  CALIF														
COMMITTEE NAME Citizens For Laguna's Future  LD. NUMBER 1450234														
All committees must list the financial institution where the campaign bank account is located.														
NAME OF FINANCIAL INSTITUTION	DE/PHONE	BANK ACCOUN	ANK ACCOUNT NUMBER											
Infinity Bank	657.3	04.2365	10298											
DDRESS			STATE		CODE									
6 Hutton Center Drive	Santa	Ana	CA	9	2707									
4. Type of Committee Complete the applicable sections.														
Controlled Committee														
<ul> <li>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.</li> </ul>														
• 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				PARTY CHECK ONE								
					Nonpartisan	Partisan	(list political part	y below)						
					Nonpartisan	Partisan	(list political part	y below)						
				<u> </u>										
Primarily Formed Committee Primarily formed to support or opposition	ose spec	cific candidates or measures in	a single ele	ection. List	below:									
CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)  OF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.  (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)							CHECK	ONE						
"An Ordinance Creating an Overlay Zoning District and Requiring	City of Laguna Beach, County of Orange				SUPPORT	OPPOSE								
Voter Approval of Major Development Projects"						SUPPORT	OPPOSE							