

Laguna Beach

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
 06 / 29 / 2019

Date Stamp

RECEIVED AND FILED
 the office of the Secretary of State
 of the State of California

AUG 08 2022

CALIFORNIA FORM 410
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AUG 17 2022

REGISTRAR OF VOTERS

1. Committee Information				I.D. Number 1404520 <small>(if applicable)</small>				2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE Sue Kempf for Council				NAME OF TREASURER Sue Kempf				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 (949) 439-3001	
CITY Laguna Beach		STATE CA		ZIP CODE 92651		AREA CODE/PHONE (949) 439-3001		NAME OF ASSISTANT TREASURER, IF ANY			
FULL MAILING ADDRESS (IF DIFFERENT)				STREET ADDRESS (NO P.O. BOX)				CITY STATE ZIP CODE AREA CODE/PHONE			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) sue.kempf@gmail.com				NAME OF PRINCIPAL OFFICER(S) Sue Kempf				STREET ADDRESS (NO P.O. BOX) [REDACTED]			
COUNTY OF DOMICILE Orange		JURISDICTION WHERE COMMITTEE IS ACTIVE City of Laguna Beach		CITY Laguna Beach		STATE CA		ZIP CODE 92651		AREA CODE/PHONE (949) 439-3001	
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 8/5/2022 By [REDACTED]
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 8/5/2022 By [REDACTED]
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