Vaguna Beach

Statement of Organization		CEIVED AND FILED CALIFORNIA 410
Recipient Committee	ire the	e office of the Section of Collins
Statement Type Initial Amendment	Termination – See Part 5	
O Not yet qualified		AUG 12 2022 AUG 17 2072
or O Date qualification threshold met Date qualification threshold met	Date of termination	AUU
		REGISTRAR OF VOTERS
	2 Treasurer and	Other Principal Officers
1. Committee Information I.D. Number (if applicable)	NAME OF TREASURER	Other Fillicipal Officers
NAME OF COMMITTEE		
MARK ORGILL POR LAGUNA	MICHAEL	Concord Contraction of the Contr
COUNCIL 2022	STREET ADDRESS (NO P.O. BOX)	
	CITY	STATE ZIP CODE AREA CODE/PHONE
STREET ADDRESS (NO P.O. BOX)		
CITY STATE ZIP CODE AREA CODE/PHONE	LA GUNA NAME OF ASSISTANT TREASURER,	, IF ANY
LAGUNA BEACH CA 9251	DORA OR	GILL
FULL MAILING ADDRESS (IF DIFFERENT)	STREET ADDRESS (NO P.O. BOX)	
		STATE ZIP CODE AREA CODE/PHONE
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)	LAGUNA	0
COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE	NAME OF PRINCIPAL OFFICER(S)	BUTCH CIT (205)
OPANGE LAGUNA BEACH	DORA ORG	6114
OT THE CONTRACT	STREET ADDRESS (NO P.O. BOX)	
		STATE ZIP CODE AREA CODE/PHONE
Attach additional information on appropriately labeled continuation sheets.	LAGUNA B	
	WOODHU	ench ch test
3. Verification		
I have used all reasonable diligence in preparing this statement and to the best of	of my knowledge the information	tion 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 8/9/2022 By	ATURE OF TREASURER OR ASSISTANT TREASU	RFR
8/0/2022	ATOM: OF THE ASOMER ON ALLESS THE ASO	
Executed on DATE SIGNATURE OF CONTROL	LLING OFFICEHOLDER, CANDIDATE, OR STATE	MEASURE PROPONENT
Executed on DATE By SIGNATURE OF CONTROL	LLING OFFICE HOLDER, CANDIDATE, OR STATE	MEASURE PROPONENT
Executed on By		
	LLING OFFICEHOLDER, CANDIDATE, OR STATE	MEASURE PROPONENT FPPC Form 410 (August/201
		FPPC Advice: advice@fppc.ca.gov (866/275-377)

Statement of Organization Recipient Committee INSTRUCTIONS ON REVERSE Page 2 COMMITTEE NAME MARK ORGILL FOR LABUNA COUNCIL 2022 All committees must list the financial institution where the campaign bank account is located.

CA

9265

YEAR OF

OADTV

NAME OF FINANCIAL INSTITUTION

U.S. BANK

949 - 342 - 1170

AREA CODE/PHONE

9317

CITY

STATE

ZIP CODE

4. Type of Committee Complete the applicable sections.

Controlled Committee

310 RUENNEYRE

- 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

LAGUNA BEACH

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	(INCLUDE DISTRICT NUMBER IF APPLICABLE)		ELECTION	CHECK ONE					
MARK S. ORGILL	LAGONA	BEACH	CITY COUL	عاب	2022	Nonpartisan **Language	Partisan	(list political pa No PARA DREFERE	vce-
						Nonpartisan	Partisan	(list political pa	ty below)
Primarily Formed Committee Primarily formed to support or o									
CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LET IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	TER)		E(S) OFFICE SOUGH LUDE DISTRICT NO				ION	CHECK	ONE
								SUPPORT	OPPOSE
								SUPPORT	OPPOSE

ELECTIVE OFFICE SOLIGHT OF HELD

Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

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OMM	TTEE	N	ME

MARK ORGILL FOR LAGUNA COUNCIL 2022

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					ACCRECATE AND ADDRESS OF

Page

I.D. NUMBER

1449548

4. Type of Committee	(Continued)				
	t formed to support or oppose specific CITY Committee	candidates or measures in a s COUNTY Committee	ingle election. Check		
PROVIDE BRIEF DESCRIPTION OF ACTIVITY		- 14-W-1			
Sponsored Committee List addit	tional sponsors on an attachment.				
NAME OF SPONSOR		INDUSTRY GROUP OR AFFILIATION OF SPO	DNSOR		
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 ponent 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.