

1451226

Laguna Beach
Rejected: _____
Returned: PA 7-26-2022

Statement of Organization
Recipient Committee

Statement Type

Initial
 Amendment
 Termination - See Part 5

Not yet qualified
or
 Date qualification threshold met

Date qualification threshold met _____

Date of termination _____

Date Stamp
RECEIVED AND FILED
 in the office of the Secretary of State
 of the State of California
JUL 25 2022
AUG 29 2022

CALIFORNIA FORM 410
RECEIVED AND FILED
 in the office of the Secretary of State
 of the State of California
AUG 04 2022

1. Committee Information				I.D. Number (if applicable)				2. Treasurer and Other Principal Officers							
NAME OF COMMITTEE <i>SUE KEMPF for Council 2022</i>								NAME OF TREASURER <i>MATT LAWSON Deputy</i>							
STREET ADDRESS (NO P.O. BOX) [REDACTED]								STREET ADDRESS (NO P.O. BOX) [REDACTED]							
CITY <i>Laguna Beach</i>		STATE <i>CA</i>		ZIP CODE <i>92651</i>		AREA CODE/PHONE <i>(949) 439-3001</i>		CITY <i>LAGUNA BEACH</i>		STATE <i>CA</i>		ZIP CODE <i>92651</i>		AREA CODE/PHONE [REDACTED]	
FULL MAILING ADDRESS (IF DIFFERENT)								NAME OF ASSISTANT TREASURER, IF ANY <i>N/A</i>							
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) <i>suekempf@orange.ca.gov sue.kempf@gmail.com</i>								STREET ADDRESS (NO P.O. BOX) [REDACTED]							
COUNTY OF DOMICILE <i>Orange</i>				JURISDICTION WHERE COMMITTEE IS ACTIVE <i>City of Laguna Beach</i>				NAME OF PRINCIPAL OFFICER(S) <i>SUE KEMPF</i>							
Attach additional information on appropriately labeled continuation sheets.								STREET ADDRESS (NO P.O. BOX) [REDACTED]							
								CITY <i>Laguna Beach</i>		STATE <i>CA</i>		ZIP CODE <i>92651</i>		AREA CODE/PHONE <i>949-439-3001</i>	
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 18, 2022 By _____
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on July 18, 2022 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

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COMMITTEE NAME <i>SUE KEMPf for Council 2022</i>	I.D. NUMBER
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All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION <i>U.S. Bank</i>	AREA CODE/PHONE <i>949-342-1170</i>	BANK ACCOUNT NUMBER <i>[REDACTED] 9275</i>
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ADDRESS <i>310 Glenneyre Street</i>	CITY <i>LOSUNP Beach</i>	STATE <i>CA</i>	ZIP CODE <i>92651</i>
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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		
<i>SUSAN Kempf</i>	<i>LOSUNP Beach City Council</i>	<i>2022</i>	Nonpartisan <input checked="" type="checkbox"/>	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
		SUPPORT	OPPOSE