

Laguna Beach

Statement of Organization Recipient Committee

Statement Type

<input type="checkbox"/> Initial <input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met ____/____/____	<input checked="" type="checkbox"/> Amendment Date qualification threshold met 07 / 07 / 2022	<input type="checkbox"/> Termination – See Part 5 Date of termination ____/____/____
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RECEIVED AND FILED
in the office of the Secretary of State of California
Date Stamp
AUG 19 2022

CALIFORNIA FORM 410
For Official Use Only
AUG 29 2022

1. Committee Information	I.D. Number (if applicable) 1450051	2. Treasurer and Other Principal Officers
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NAME OF COMMITTEE
PROTECT AND KEEP LAGUNA LOCAL, NO ON MEASURES R & S, SPONSORED BY REGENCY PROPERTIES, L.P. AND AFFILIATED ENTITIES AND DTRS MLB, LLC

STREET ADDRESS (NO P.O. BOX)
1278 GLENNEYRE ST., #459

CITY	STATE	ZIP CODE	AREA CODE/PHONE
LAGUNA BEACH	CA	92651	(213) 624-6200

FULL MAILING ADDRESS (IF DIFFERENT)
515 S. FIGUEROA ST., STE. 1110 LOS ANGELES, CA 90071

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)
sosfilings@politicalcallaw.com / (213) 623-1692

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
ORANGE	CITY OF LAGUNA BEACH

NAME OF TREASURER
CARY DAVIDSON

STREET ADDRESS (NO P.O. BOX)
515 S. FIGUEROA ST., STE. 1110

CITY	STATE	ZIP CODE	AREA CODE/PHONE
LOS ANGELES	CA	90071	(213) 624-6200

NAME OF ASSISTANT TREASURER, IF ANY
MICHAEL FARR

STREET ADDRESS (NO P.O. BOX)
515 S. FIGUEROA ST., STE. 1110

CITY	STATE	ZIP CODE	AREA CODE/PHONE
LOS ANGELES	CA	90071	(213) 624-6200

NAME OF PRINCIPAL OFFICER(S)
JOHN DOANE

STREET ADDRESS (NO P.O. BOX)
1278 GLENNEYRE ST., #459

CITY	STATE	ZIP CODE	AREA CODE/PHONE
LAGUNA BEACH	CA	92651	(213) 624-6200

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	8/16/2022	By	[Redacted Signature]
	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

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME
PROTECT AND KEEP LAGUNA LOCAL, NO ON MEASURES R & S, SPONSORED BY REGENCY PROPERTIES, L.P. AND AFFILIATED ENTITIES AND DTRS
MLB, LLC

I.D. NUMBER
1450051

2a. Additional Officers / Assistant Treasurers

NAME
MARY ROGERS
MAILING ADDRESS
1278 GLENNEYRE ST., #459
CITY STATE ZIP CODE AREA CODE/PHONE
LAGUNA BEACH CA 92651 (213) 624-6200

NAME
MAILING ADDRESS
CITY STATE ZIP CODE AREA CODE/PHONE

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**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME PROTECT AND KEEP LAGUNA LOCAL, NO ON MEASURES R & S, SPONSORED BY REGENCY PROPERTIES, L.P. AND AFFILIATED ENTITIES AND MLB, LLC	I.D. NUMBER 1450051
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- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION CALIFORNIA BANK & TRUST	AREA CODE/PHONE (213) 228-1710	BANK ACCOUNT NUMBER [REDACTED] 9092
ADDRESS 550 S. HOPE ST., #100	CITY LOS ANGELES	STATE ZIP CODE CA 90071

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		
			Nonpartisan	Partisan	(list political party below)
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

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 A HOTEL DEVELOPMENT OVERLAY ZONING DISTRICT AND REQUIRING VOTER APPROVAL OF HOTEL DEVELOPMENT PROJECTS : R	CITY OF LAGUNA BEACH	<input type="checkbox"/>	<input checked="" type="checkbox"/>
AN ORDINANCE AMENDING THE LAGUNA BEACH MUNICIPAL CODE TO CREATE A MINIMUM WAGE AND WORKPLACE STANDARDS AND PROTECTIONS FOR HOTEL EMPLOYEES : S	CITY OF LAGUNA BEACH	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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Recipient Committee

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COMMITTEE NAME
PROTECT AND KEEP LAGUNA LOCAL, NO ON MEASURES R & S, SPONSORED BY REGENCY PROPERTIES, L.P. AND AFFILIATED ENTITIES AND DTRS
MLB, LLC

I.D. NUMBER
1450051

4. Type of Committee (Continued)

General Purpose Committee Not formed to support or oppose specific candidates or measures in a single election. Check only one box:
 CITY Committee COUNTY Committee STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee List additional sponsors on an attachment.

NAME OF SPONSOR REGENCY PROPERTIES, L.P. AND AFFILIATED ENTITIES		INDUSTRY GROUP OR AFFILIATION OF SPONSOR HOSPITALITY			
STREET ADDRESS	NO. AND STREET	CITY	STATE	ZIP CODE	AREA CODE/PHONE
1555 S. COAST HIGHWAY		LAGUNA BEACH	CA	92651	(888) 579-8544

Small Contributor Committee _____/_____/_____
Date qualified

5. Termination Requirements By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent 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.

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Recipient Committee**

STATEMENT OF ORGANIZATION

**CALIFORNIA
FORM 410**

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

PROTECT AND KEEP LAGUNA LOCAL, NO ON MEASURES R & S, SPONSORED BY REGENCY PROPERTIES, L.P. AND AFFILIATED ENTITIES AND DTRS
MLB, LLC

I.D. NUMBER

1450051

Sponsored Committee List additional sponsors on an attachment.

NAME OF SPONSOR DTRS MLB, LLC		INDUSTRY GROUP OR AFFILIATION OF SPONSOR HOSPITALITY			
MAILING ADDRESS	NO. AND STREET	CITY	STATE	ZIP CODE	
	30801 S. COAST HIGHWAY	LAGUNA BEACH	CA	92651	(866) 271-6953
NAME OF SPONSOR		INDUSTRY GROUP OR AFFILIATION OF SPONSOR			
MAILING ADDRESS	NO. AND STREET	CITY	STATE	ZIP CODE	
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