

**Statement of Organization
Recipient Committee**

Statement Type

<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Not yet qualified or <input checked="" type="checkbox"/> Date qualification threshold met 10 / 03 / 2022	<input type="checkbox"/> Amendment Date qualification threshold met ____ / ____ / ____	<input type="checkbox"/> Termination – See Part 5 Date of termination ____ / ____ / ____
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Date Stamp RECEIVED OCT 05 2022 City Clerk's Office City of Laguna Beach CA	CALIFORNIA FORM 410 For Official Use Only
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1. Committee Information	I.D. Number (if applicable) PENDING	2. Treasurer and Other Principal Officers
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NAME OF COMMITTEE
 THE LAGUNA ALLIANCE, NO ON MEASURES Q AND R; COMMITTEE MAJOR FUNDING FROM LAGUNA BEACH COMPANY

STREET ADDRESS (NO P.O. BOX)
 2350 KERNER BOULEVARD, SUITE 250

CITY	STATE	ZIP CODE	AREA CODE/PHONE
SAN RAFAEL	CA	94901	(415) 389-6800

FULL MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)
 FORM410@NMGVLAW.COM

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

NAME OF TREASURER
 SEAN P. WELCH

STREET ADDRESS (NO P.O. BOX)
 2350 KERNER BOULEVARD, SUITE 250

CITY	STATE	ZIP CODE	AREA CODE/PHONE
SAN RAFAEL	CA	94901	(415) 389-6800

NAME OF ASSISTANT TREASURER, IF ANY
 HILARY GIBSON

STREET ADDRESS (NO P.O. BOX)
 2350 KERNER BOULEVARD, SUITE 250

CITY	STATE	ZIP CODE	AREA CODE/PHONE
SAN RAFAEL	CA	94901	(415) 389-6800

NAME OF PRINCIPAL OFFICER(S)
 MOHAMMAD HONARKAR

STREET ADDRESS (NO P.O. BOX)
 775 LAGUNA CANYON ROAD

CITY	STATE	ZIP CODE	AREA CODE/PHONE
LAGUNA BEACH	CA	92651	[REDACTED]

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	10/3/2022	By	[REDACTED]	SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on	DATE	By	_____	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on	DATE	By	_____	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on	DATE	By	_____	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME THE LAGUNA ALLIANCE, NO ON MEASURES Q AND R; COMMITTEE MAJOR FUNDING FROM LAGUNA BEACH COMPANY	I.D. NUMBER PENDING
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• All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION BANK OF MARIN	AREA CODE/PHONE (415) 389-6800	BANK ACCOUNT NUMBER [REDACTED] 7573
ADDRESS 504 TAMALPAIS DRIVE	CITY CORTE MADERA	STATE CA
		ZIP CODE 94925

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		(list political party below)
			Nonpartisan	Partisan	
			<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
MEASURES Q AND R	CITY OF LAGUNA BEACH	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

THE LAGUNA ALLIANCE, NO ON MEASURES Q AND R; COMMITTEE MAJOR FUNDING FROM LAGUNA BEACH COMPANY

I.D. NUMBER

PENDING

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

LAGUNA BEACH COMPANY, INC.

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

HOTEL/REAL ESTATE

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

775 LAGUNA CANYON ROAD

LAGUNA BEACH

CA

92651

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.

**Additional Comments
For Form 410**

ADDITIONAL COMMENTS	
CALIFORNIA	410
FORM	
Page <u>4</u>	of <u>4</u>
I.D. NUMBER	
PENDING	

COMMITTEE NAME
THE LAGUNA ALLIANCE, NO ON MEASURES Q AND R; COMMITTEE MAJOR FUNDING FROM LAGUNA BEACH COMPANY

ADDITIONAL COMMITTEE ADDRESS: PO BOX 1936, LAGUNA BEACH, CA 92652