

**Statement of Organization  
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial	<input type="checkbox"/> Amendment	<input checked="" type="checkbox"/> Termination – See Part 5
<input type="radio"/> Not yet qualified or		Date of termination
<input type="radio"/> Date qualification threshold met	Date qualification threshold met	09 / 30 / 2022

Date Stamp  
**RECEIVED**

OCT 13 2022

City Clerk's Office  
City of Laguna Beach, CA

**CALIFORNIA FORM 410**

For Official Use Only

1. Committee Information				I.D. Number 1426703 <i>(if applicable)</i>				2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE <b>NOKES FOR CITY COUNCIL 2020</b>				NAME OF TREASURER <b>Anne McGraw</b>							
STREET ADDRESS (NO P.O. BOX) <b>410 Broadway Street, Suite 200</b>				STREET ADDRESS (NO P.O. BOX) <b>1278 Glenneyre Street, #285</b>							
CITY <b>Laguna Beach</b>	STATE <b>CA</b>	ZIP CODE <b>92651</b>	AREA CODE/PHONE <b>(949) 376-3500</b>	CITY <b>Laguna Beach</b>	STATE <b>CA</b>	ZIP CODE <b>92651</b>	AREA CODE/PHONE <b>[REDACTED]</b>				
FULL MAILING ADDRESS (IF DIFFERENT)				NAME OF ASSISTANT TREASURER, IF ANY <b>Denise Coury</b>							
E-MAIL ADDRESS (REQUIRED) // FAX (OPTIONAL)				STREET ADDRESS (NO P.O. BOX) <b>410 Broadway Street, Suite 200</b>							
				CITY <b>Laguna Beach</b>				STATE <b>CA</b>			
				ZIP CODE <b>92651</b>				AREA CODE/PHONE <b>(949) 376-3500</b>			
COUNTY OF RESIDENCE				JURISDICTION WHERE COMMITTEE IS ACTIVE				NAME OF PRINCIPAL OFFICER(S)			
								STREET ADDRESS (NO P.O. BOX)			
								CITY			
								STATE			
								ZIP CODE			
								AREA CODE/PHONE			
<p><i>Attach additional information on appropriately labeled continuation sheets.</i></p>											

**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 10/13/2022 By [REDACTED]  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on Oct. 13, 2022 By [REDACTED]  
DATE SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPOSER