

Recipient Committee Campaign Statement – Short Form

SEE INSTRUCTIONS ON REVERSE

For use by recipient committees that have not received a contribution or other receipt that must be itemized, have not received or made loans, and have no outstanding accrued expenses.

Statement covers period
 from 1-1-2022
 through 6-30-2022

Date of election if applicable:
(Month, Day, Year)

Date Stamp
RECEIVED
 OCT 19 2022
 City Clerk's Office
 City of Laguna Beach, CA

CALIFORNIA FORM **450**

Page 1 of 3

For Official Use Only

1. Type of Recipient Committee:

- Ballot Measure Committee
- Primarily Formed
- Controlled
- Sponsored
- General Purpose Committee
- Sponsored
- Small Contributor Committee
- Primarily Formed Candidate/ Officeholder Committee

2. Type of Statement:

- Pre-election Statement
- Semi-annual Statement
- Termination Statement
- Quarterly Statement
- Special Odd-year Report
- Amendment (Explain) _____
(Also check type of statement you are amending)

3. Committee Information

I.D. NUMBER 962203

COMMITTEE NAME
LAGUNA BEACH TREASURERS ASSOCIATION P/A/C

STREET ADDRESS (NO P.O. BOX)
[REDACTED]

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

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
DR. H. V. AMBRIAN

MAILING ADDRESS
P.O. Box 904

CITY STATE ZIP CODE AREA CODE/PHONE
LAGUNA BEACH CA 92652 [REDACTED]

NAME OF ASSISTANT TREASURER, IF ANY
MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing 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 10-18-2022
DATE

By _____
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on _____
DATE

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROponent, OR RESPONSIBLE OFFICER OF SPONSOR

Executed on _____
DATE

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROponent

Executed on _____
DATE

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROponent

**Recipient Committee
Campaign Statement
Summary Page**

Amounts may be rounded
to whole dollars.

SHORT FORM

Statement covers period from <u>1-1-2022</u> through <u>6-30-2022</u>	CALIFORNIA FORM 450
	Page <u>2</u> of <u>3</u>
	I.D. NUMBER <u>962207</u>

NAME OF COMMITTEE

L.A. LION BREWERS TRADING ASSOCIATION PAC

Expenditures Made

1. Expenditures of \$100 or more made this period \$ _____
2. Expenditures under \$100 made this period (Not itemized.) _____
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD *Add Lines 1 + 2* \$ _____
4. Nonmonetary Adjustment *From Line 8 Below* _____
5. Total expenditures made from previous statement *Previous Summary Page, Line 6* \$ _____
(If this is the first statement for the calendar year, enter zero.)
6. TOTAL EXPENDITURES MADE TO DATE *Add Lines 3 + 4 + 5* \$ 0

Contributions Received

7. Monetary contributions received this period \$ _____
8. Non-monetary contributions received this period _____
9. Total contributions received from previous statement *Previous Summary Page, Line 10* \$ _____
(If this is the first statement for the calendar year, enter zero.)
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE *Add Lines 7 + 8 + 9* \$ 0

Current Cash Statement

11. Beginning cash balance *Previous Summary Page, Line 15* \$ 0
12. Cash receipts this period *Line 7 above* _____
13. Miscellaneous increases to cash \$ _____
14. Cash expenditures this period *Line 3 above* _____
15. ENDING CASH BALANCE THIS PERIOD *Add Lines 11 + 12 + 13, then subtract Line 14* \$ 0

**Recipient Committee
Campaign Statement – Short Form**

Amounts may be rounded
to whole dollars.

Statement covers period
from 1-1-2022
through 6-30-2022

SHORT FORM
CALIFORNIA FORM 450

Page 3 of 3

SEE INSTRUCTIONS ON REVERSE

NAME OF COMMITTEE

LINCOLN BRANCH STAFFERS ASSOCIATION PAC

I.D. NUMBER

962203

5. Payments Made (If more space is needed, use additional copies of this page for continuation sheets.)

DATE*	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF PAYMENT	NAME OF CANDIDATE AND OFFICE OR NAME OF BALLOT MEASURE AND BALLOT NUMBER OR LETTER AND JURISDICTION	AMOUNT THIS PERIOD	CUMULATIVE AMOUNTS TO DATE*	
					Calendar Year	Other
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		\$ _____	Other \$ _____
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		\$ _____	Other \$ _____
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		\$ _____	Other \$ _____
SUBTOTAL \$						<u>0</u>

* Required only for payments which are contributions or independent expenditures.