

**Statement of Organization  
Recipient Committee**

Date Stamp

**CALIFORNIA  
FORM 410**

For Official Use Only

**Statement Type**

<input type="checkbox"/> Initial	<input checked="" type="checkbox"/> Amendment	<input checked="" type="checkbox"/> Termination – See Part 5
<input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met	Date qualification threshold met <u>05 / 09 / 2018</u>	Date of termination <u>12 / 31 / 2022</u>

**1. Committee Information**

**I.D. Number**  
*(if applicable)*

1405838

**2. Treasurer and Other Principal Officers**

NAME OF COMMITTEE  
Laguna Forward PAC

STREET ADDRESS (NO P.O. BOX)  
1278 Gleneyre Street, Suite 182

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Laguna Beach</u>	<u>CA</u>	<u>92651</u>	<u>(949) 416-0847</u>

FULL MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)  
Laura@StephenCompany.Com

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
<u>Orange County</u>	<u>City of Laguna Beach</u>

NAME OF TREASURER  
Laura Ann Stephen

STREET ADDRESS (NO P.O. BOX)  
1127 11th Street, Suite 210

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Sacramento</u>	<u>CA</u>	<u>95814</u>	<u>(916) 706-2677</u>

NAME OF ASSISTANT TREASURER, IF ANY  
Kimberly Urbano

STREET ADDRESS (NO P.O. BOX)  
1127 11th Street, Suite 210

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Sacramento</u>	<u>CA</u>	<u>95814</u>	<u>(916) 706-2677</u>

NAME OF PRINCIPAL OFFICER(S)  
Michael Ray

STREET ADDRESS (NO P.O. BOX)  
1278 Gleneyre Street, Suite 182

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Laguna Beach</u>	<u>CA</u>	<u>92651</u>	<u>(949) 416-0847</u>

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	<u>1/11/2023</u>	By	_____
	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

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INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

I.D. NUMBER

Laguna Forward PAC

1405838

## 2a. Additional Officers / Assistant Treasurers

NAME

Sam Goldstein

MAILING ADDRESS

1278 Glenneyre Street, Suite 182

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Laguna Beach	CA	92651	(949) 416-0847

NAME

Cindy Shopoff

MAILING ADDRESS

1278 Glenneyre Street, Suite 182

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Laguna Beach	CA	92651	(949) 416-0847

NAME

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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NAME

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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NAME

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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NAME

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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NAME

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CITY	STATE	ZIP CODE	AREA CODE/PHONE
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NAME

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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COMMITTEE NAME

Laguna Forward PAC

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1405838

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION California Bank and Trust	AREA CODE/PHONE (213) 228-1700	BANK ACCOUNT NUMBER [REDACTED] 7493
ADDRESS 550 South Hope Street, Suite 100	CITY Los Angeles	STATE CA
		ZIP CODE 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		(list political party below)
			Nonpartisan	Partisan	

**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

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**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

To support and/or oppose candidates for office in the City of Laguna Beach and ballot measures in the City of Laguna Beach and/or nearby municipalities.

**Sponsored Committee** List additional sponsors on an attachment.

NAME OF SPONSOR		INDUSTRY GROUP OR AFFILIATION OF SPONSOR			
Laguna Forward		Civic and social welfare organization			
STREET ADDRESS	NO. AND STREET	CITY	STATE	ZIP CODE	AREA CODE/PHONE
1278 Glenneyre Street,	Suite 182	Laguna Beach	CA	92651	(949) 416-0847

**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.