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Statement of Organization Recipient Committee

Statement Type

Initial Amendment Termination - See Part 5
Not yet qualified or Date qualification threshold met
Date of termination

Date Stamp
DIGITALLY RECEIVED AND FILED
in the office of the California Secretary of State
OCT 05 2023

CALIFORNIA FORM 410
RECEIVED
OCT 23 2023
City Clerk's Office RLM
City of Laguna Beach, CA

1. Committee Information I.D. Number (if applicable) 2. Treasurer and Other Principal Officers

NAME OF COMMITTEE
Mancuso for City Council 2024
STREET ADDRESS (NO P.O. BOX)
1127 11th Street, Suite 210
CITY STATE ZIP CODE AREA CODE/PHONE
Sacramento CA 95814 (916) 706-2677
FULL MAILING ADDRESS (IF DIFFERENT)
1127 11th Street, Suite 210 Sacramento, CA 95814
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)
Laura@StephenCompany.com
COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
Sacramento County City of Laguna Beach

NAME OF TREASURER
Judie Mancuso
STREET ADDRESS (NO P.O. BOX)
1127 11th Street, Suite 210
CITY STATE ZIP CODE AREA CODE/PHONE
Sacramento CA 95814 (916) 706-2677
NAME OF ASSISTANT TREASURER, IF ANY
Laura Ann Stephen
STREET ADDRESS (NO P.O. BOX)
1127 11th Street, Suite 210
CITY STATE ZIP CODE AREA CODE/PHONE
Sacramento CA 95814 (916) 706-2677
NAME OF PRINCIPAL OFFICER(S)
STREET ADDRESS (NO P.O. BOX)
CITY STATE ZIP CODE AREA CODE/PHONE

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 9/6/2023 By [Signature] SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on 9/6/2023 By [Signature] SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on [Date] By [Signature] SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on [Date] By [Signature] SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Mancuso for City Council 2024

I.D. NUMBER

- 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] 8003
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		
Judie Mancuso	City Council Member City of Laguna Beach	2024	Nonpartisan X	Partisan	(list political party below)
			Nonpartisan	Partisan	(list political party below)

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
		SUPPORT	OPPOSE

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Mancuso for City Council 2024

I.D. NUMBER

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

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

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.






410 INITIAL

Final Audit Report

2023-10-05

Created:	2023-10-05
By:	Laura Stephen (laura@stephencompany.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAAjLfcV5vY34OAsfN9hxml_2-3oxVPw2x

"410 INITIAL" History

-  Document created by Laura Stephen (laura@stephencompany.com)
2023-10-05 - 10:30:16 PM GMT- IP address: 162.244.214.132
-  Document emailed to JUDIE MANCUSO [REDACTED] for signature
2023-10-05 - 10:30:30 PM GMT
-  Email viewed by JUDIE MANCUSO [REDACTED]
2023-10-05 - 10:31:59 PM GMT- IP address: 172.226.186.24
-  Document e-signed by JUDIE MANCUSO [REDACTED]
Signature Date: 2023-10-05 - 10:46:49 PM GMT - Time Source: server- IP address: 72.219.112.230
-  Agreement completed.
2023-10-05 - 10:46:49 PM GMT