

Laguna Beach

Statement of Organization Recipient Committee

Statement Type

Initial, Amendment, Termination - See Part 5. Includes date qualification threshold met (12/02/2019) and date of termination.

Date Stamp: DIGITALLY RECEIVED AND FILED in the office of the California Secretary of State JUNE 28 2024. Includes 'CALIFORNIA FORM 410' and 'RECEIVED JUL 03 2024' stamp.

1. Committee Information: Laguna Beach Firefighters Association Political Action Committee, I.D. Number 1422691, Sacramento, CA. 2. Treasurer and Other Principal Officers: Andreas C. Rockas (Treasurer), Thomas Padden (Principal Officer), Sacramento, CA.

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 06/26/2024 By Andreas C. Rockas (Signature). Includes lines for other officers: Executed on _____ By _____.

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

**CALIFORNIA
FORM 410**

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COMMITTEE NAME
Laguna Beach Firefighters Association Political Action Committee

I.D. NUMBER
1422691

2. Additional Officers (continued)

NAME	POSITION
Scott Saunders	Principal Officer
STREET ADDRESS (NO P.O. BOX)	CITY STATE ZIP CODE
1121 L Street, Suite 200	Sacramento CA 95814
E-MAIL ADDRESS	AREA CODE/PHONE
fppc@rockaslaw.com	(916) 556-1776



**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME Laguna Beach Firefighters Association Political Action Committee	I.D. NUMBER 1422691
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• All committees must list the financial institution where the campaign bank account is located and the person(s) authorized to obtain bank records.

NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RECORDS California Bank & Trust Zoe Misquez Trish Mayer	AREA CODE/PHONE (800)400-6080	BANK ACCOUNT NUMBER [REDACTED] 4525
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ADDRESS OF FINANCIAL INSTITUTION 550 S. Hope Street	CITY Los Angeles	STATE CA	ZIP CODE 90071
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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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Recipient Committee

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COMMITTEE NAME
Laguna Beach Firefighters Association Political Action Committee

I.D. NUMBER
1422691

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

Support and oppose candidates

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

Laguna Beach Firefighters Association

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

Firefighters

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

350 Forest Ave.

Laguna Beach

CA

92652

(916) 556-1776

Small Contributor Committee

_____/_____/_____

Date qualified

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or ponent 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.






FORM410A_LAGUNABEACHFIREFIGHTERSPAC_ID#1422691

Final Audit Report

2024-06-28

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-  Document created by Zoe Misquez [REDACTED]
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