

**Statement of Organization
Recipient Committee**

Statement Type

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

Date Stamp
RECEIVED
AUG 16 2024
City Clerk's Office
City of Laguna Beach, CA

CALIFORNIA FORM 410
For Official Use Only

1. Committee Information	2. Treasurer and Other Principal Officers
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NAME OF COMMITTEE Bob Whalen for Council 2024			
STREET ADDRESS (NO P.O. BOX) [REDACTED]			
CITY Laguna Beach	STATE CA	ZIP CODE 92651	AREA CODE/PHONE [REDACTED]
FULL MAILING ADDRESS (IF DIFFERENT)			
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL) [REDACTED]			
COUNTY OF DOMICILE Orange	JURISDICTION WHERE COMMITTEE IS ACTIVE City of Laguna Beach		
<i>Attach additional information on appropriately labeled continuation sheets.</i>			

NAME OF TREASURER Glenn Gray			
STREET ADDRESS (NO P.O. BOX) [REDACTED]	CITY Laguna Beach	STATE CA	ZIP CODE 92651
EMAIL ADDRESS OF TREASURER (REQUIRED) [REDACTED]			AREA CODE/PHONE [REDACTED]
NAME OF ASSISTANT TREASURER, IF ANY			
STREET ADDRESS (NO P.O. BOX)			
CITY			
STATE			
ZIP CODE			
EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED)			AREA CODE/PHONE
NAME OF PRINCIPAL OFFICER(S)			
STREET ADDRESS (NO P.O. BOX)			
CITY			
STATE			
ZIP CODE			
EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED)			AREA CODE/PHONE

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>8/15/2024</u>	By <u>[REDACTED]</u>
Executed on <u>8/15/2024</u>	By <u>[REDACTED]</u>
Executed on _____	By _____
Executed on _____	By _____

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INSTRUCTIONS ON REVERSE

Page 2

COMMITTEE NAME Bob Whalen for Council 2024	I.D. NUMBER
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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 Farmers & Merchants Bank	AREA CODE/PHONE 949-900-8275	BANK ACCOUNT NUMBER [REDACTED] 0521	
ADDRESS OF FINANCIAL INSTITUTION 401 Glenneyre Street	CITY Laguna Beach	STATE CA	ZIP CODE 92651

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		
Bob Whalen	Laguna Beach City Council	2024	Nonpartisan <input checked="" type="checkbox"/>	Partisan <input type="checkbox"/>	(list political party below)
			Nonpartisan <input type="checkbox"/>	Partisan <input type="checkbox"/>	(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 <input type="checkbox"/>	OPPOSE <input type="checkbox"/>
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>