

**Statement of Organization
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial	<input checked="" type="checkbox"/> Amendment	<input type="checkbox"/> Termination – See Part 5
<input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met	Date qualification threshold met 10 / 15 / 2022	Date of termination ____ / ____ / ____

Date Stamp	CALIFORNIA FORM 410
RECEIVED SEP 09 2024 City Clerk's Office	
For Official Use Only	

1. Committee Information		I.D. Number <small>(if applicable)</small>		2. Treasurer and Other Principal Officers	
NAME OF COMMITTEE Advocates for Laguna Residents		1455392		NAME OF TREASURER Alan Boinus	
STREET ADDRESS (NO P.O. BOX) [REDACTED]		CITY Laguna Beach		STATE ZIP CODE CA 92651	
CITY Laguna Beach		STATE CA		ZIP CODE 92651	
FULL MAILING ADDRESS (IF DIFFERENT) P.O. Box 1214; Laguna Beach, CA 92652		AREA CODE/PHONE [REDACTED]		EMAIL ADDRESS OF TREASURER (REQUIRED) advocatesforlagunaresidents@gmail.com	
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL) advocatesforlagunaresidents@gmail.com		NAME OF ASSISTANT TREASURER, IF ANY		STREET ADDRESS (NO P.O. BOX) [REDACTED]	
COUNTY OF DOMICILE Orange		JURISDICTION WHERE COMMITTEE IS ACTIVE Laguna Beach		CITY Laguna Beach	
Attach additional information on appropriately labeled continuation sheets.		EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED) [REDACTED]		STATE ZIP CODE CA 92651	
3. Verification		NAME OF PRINCIPAL OFFICER(S) Alan Boinus		STREET ADDRESS (NO P.O. BOX) [REDACTED]	
		STREET ADDRESS (NO P.O. BOX) [REDACTED]		CITY Laguna Beach	
		EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED) advocatesforlagunaresidents@gmail.com		STATE ZIP CODE CA 92651	

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	09-03-2023	By	Alan Boinus	Digitally signed by Alan Boinus Date: 2024.09.03 10:31:35 -07'00'
	DATE		SIGNATURE OF TREASURER OR ASSISTANT TREASURER	
Executed on	_____	By	_____	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
	DATE			
Executed on	_____	By	_____	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
	DATE			
Executed on	_____	By	_____	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
	DATE			