

COPY

# Statement of Organization Recipient Committee

Statement Type

Initial  
 Not yet qualified or  
 Date qualification threshold met

\_\_\_\_/\_\_\_\_/\_\_\_\_

Amendment  
 Date qualification threshold met

05 / 18 / 1995

Termination – See Part 5  
 Date of termination

\_\_\_\_/\_\_\_\_/\_\_\_\_

Date Stamp  
**RECEIVED**  
**OCT 25 2024**  
 City Clerk's Office  
 City of Laguna Beach, CA

**CALIFORNIA FORM 410**  
 For Official Use Only

**1. Committee Information** I.D. Number (if applicable) 990381

NAME OF COMMITTEE  
 VILLAGE LAGUNA, INC., A Committee to Support George Weiss for Laguna Beach City Council 2024

STREET ADDRESS (NO P.O. BOX)  
 [REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE  
 Laguna Beach CA 92651 (562) 590-5550

FULL MAILING ADDRESS (IF DIFFERENT)  
 249 E. Ocean Blvd., Ste. 814 Long Beach, CA 90802

E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)  
 Chris@Thomasandassociates.org / (562) 590-8400

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE  
 Orange County Laguna Beach

Attach additional information on appropriately labeled continuation sheets.

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER  
 Merrill Anderson

STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE  
 [REDACTED] Laguna Beach CA 92651

EMAIL ADDRESS OF TREASURER (REQUIRED) AREA CODE/PHONE  
 Chris@Thomasandassociates.org (562) 590-5550

NAME OF ASSISTANT TREASURER, IF ANY  
 Christopher Thomas

STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE  
 249 E. Ocean Blvd., Ste. 814 Long Beach CA 90802

EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED) AREA CODE/PHONE  
 Chris@Thomasandassociates.org (562) 590-5550

NAME OF PRINCIPAL OFFICER(S)  
 Merrill Anderson - Principal Officer

STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE  
 [REDACTED] Laguna Beach CA 92651

EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED) AREA CODE/PHONE  
 Chris@Thomasandassociates.org (562) 590-5550

### 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 10-1-24 By [REDACTED]  
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

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME VILLAGE LAGUNA, INC., A Committee to Support George Weiss for Laguna Beach City Council 2024	I.D. NUMBER 990381
----------------------------------------------------------------------------------------------------------------	-----------------------

**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 - Christopher Thomas	AREA CODE/PHONE (213) 228-1700	BANK ACCOUNT NUMBER [REDACTED] 4586
-------------------------------------------------------------------------------------------------------------------------------	-----------------------------------	----------------------------------------

ADDRESS OF FINANCIAL INSTITUTION 550 S. Hope St., Ste. 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	
					(list political party below)
					(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
George Weiss	City Council Member City of Laguna Beach	X	
		SUPPORT	OPPOSE

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

**CALIFORNIA  
FORM 410**

Page 3 of 3

COMMITTEE NAME  
VILLAGE LAGUNA, INC., A Committee to Support George Weiss for Laguna Beach City Council 2024

I.D. NUMBER  
990381

**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 oppose political candidates

**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 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.