

**Recipient Committee
Campaign Statement
Cover Page**

COVER PAGE

CALIFORNIA FORM **460**

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City Clerk's Office
City of Laguna Beach, CA

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Statement covers period
from 7/1/2020
through 9/19/2020

Date of election if applicable:
(Month, Day, Year)
11/3/2020

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

- Officeholder, Candidate Controlled Committee
- State Candidate Election Committee
- Recall
(Also Complete Part 5)
- General Purpose Committee
- Sponsored
- Small Contributor Committee
- Political Party/Central Committee
- Primarily Formed Ballot Measure Committee
- Controlled
- Sponsored
(Also Complete Part 6)
- Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

- Preelection Statement
- Semi-annual Statement
- Termination Statement
(Also file a Form 410 Termination)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report

Disregard schedule D in previous report. No contributions were made from this committee to other committees.

3. Committee Information

I.D. NUMBER
990381

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Village Laguna, Inc.

STREET ADDRESS (NO P.O. BOX)

31538 Egan Rd

CITY STATE ZIP CODE AREA CODE/PHONE

Laguna Bch. CA 92651 (949)412-1909

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

P.O. Box 1309

CITY STATE ZIP CODE AREA CODE/PHONE

Laguna Bch CA 92651 (949)412-1909

OPTIONAL: FAX / E-MAIL ADDRESS

mives314@gmail.com

Treasurer(s)

NAME OF TREASURER

Mary Ives

MAILING ADDRESS

31538 Egan Rd.

CITY STATE ZIP CODE AREA CODE/PHONE

Laguna Bch CA 92651 (949)412-1909

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

mives314@gmail.com

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules 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 10/22/2020
Date

Executed on _____
Date

Executed on _____
Date

Executed on _____
Date

By Mary Ives
Signature of Treasurer or Assistant Treasurer

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent