Recipient Committee Statement Type	Statement of	Organization		Г	D. I. C.	P. C.	Workship to
Statement Type Initial O Not yet qualified on Date qualification threshold met Date of termination City Clerk's Office City Clerk's Offi	Recipient Con	nmittee	Date Stamp	CALIF	ORNIA AAA		
O Not yet qualified O Date qualification threshold met qualification threshold met O Date qualification threshold	Statement Type	☐ Initial			NEOLIVE		
Date of termination Date Date Date Date Date Date Date Date			☐ Amendment	Termination - See Part 5			For Official Use Only
1. Committee Information I.D. Number (if applicable) 1426060 2. Treasurer and Other Principal Officers I.D. Number (if applicable) 1426060 2. Treasurer and Other Principal Officers I.D. Number		or			JAN 2 5 202	21	
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1. Committee Information (If applicable) 1426060 2. Treasurer and Other Principal Officers NAME OF TREASURER Ann Marie McKay for Laguna Beach City Clerk 2020 Ann Marie McKay STREET ADDRESS (NO P.O. BOX) STREET ADDRESS (NO P.O. BOX) STOP FOREST AVE. CITY STATE TOOK AND OFFICE ADDRESS (NO P.O. BOX) FOLL MARKE OF PRINCIPAL OFFICE ADDRESS (NO P.O. BOX) FOLL MARKE ADDRESS (NO P.O. BOX) FOLL MARKE ADDRESS (NO P.O. BOX) FEMAL ADDRESS (NO P.O. BOX) FOLL MARKE ADDRESS (NO P.O. BOX) FEMAL ADDRESS (NO P.O. BOX) FOLL MARKE OF PRINCIPAL OFFICE ADDRESS (NO P.O. BOX) FEMAL ADDRESS (NO P.O. BOX) FEMAL ADDRESS (NO P.O. BOX) FEMAL ADDRESS (NO P.O. BOX) FOLL MARKE OF PRINCIPAL OFFICE ADDRESS (NO P.O. BOX) FEMAL ADDRESS (NO P.O. BOX) FOLL MARKE OF PRINCIPAL OFFICE ADDRESS (NO P.O. BOX) FOLL MARKE OF PRINCIPAL OFFICE ADDRESS (NO P.O. BOX) FOLL MARKE OF PRINCIPAL OFFICE ADDRESS (NO P.O. BOX) FOLL MARKE OF PRINCIPAL OFFICE ADDRESS (NO P.O. BOX) FOLL MARKE OF PRINCIPAL OFFICE ADDRESS (NO P.O. BOX) FOLL MARKE OF PRINCIPAL OFFICE ADDRESS (NO P.O. BOX) FOLL MARKE OF PRINCIPAL OFFICE ADDRESS (NO P.O. BOX) FOLL MARKE OF PRINCIPAL OFFICE ADDRESS (NO P.O. BOX) FOLL MARKE OF PRINCIPAL OFFICE ADDRESS (NO P.O. BOX) FOLL MARKE OF PRINCIPAL OFFICE ADDRESS (NO P.O. BOX) FOLL MARKE OF PRINCIPAL OFFICE ADDRESS (NO P.O. BOX) FOLL MARKE OF PRINCIPAL OFFICE ADDRESS (NO P.O. BOX) FOLL MARKE OF PRINCIPAL OFFICE ADDRESS (NO P.O. BOX) FOLL MARKE OF PRINCIPAL OFFICE ADDRESS (NO P.O. BOX) FOLL MARKE OF PRINCIPAL OFFICE ADDRESS (NO P.O. BOX) FOLL MARKE OF PRINCIPAL OFFICE ADDRESS (NO P.O. BOX) FOLL MARKE OF PRINCIPAL OFFICE ADDRESS (NO P.O. BOX) FOLL MARKE OF PRINCIPAL OFFICE ADDRESS (NO P.O. BOX) FOLL MARKE OF PRINCIPAL OFFICE ADDRESS (NO P.O. BOX) FOLL MARKE OF PRINCIPAL OFFICE ADDRESS (NO P.O. BOX) FOLL MARKE OF PRINCIPAL OFFICE ADDRESS (NO P.O. BOX) FOLL MARKE OF PRINCIPAL OFFICE ADDRESS (NO P.O. BOX)				20070	City of Laguna Base	ice b ca	
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Statement of Organization Recipient Committee INSTRUCTIONS ON REVERSE	.(CALIFORNIA 410						
COMMITTEE NAME	Pa	Page 2						
Ann Marie McKay for Laguna Beach City Clerk 2020	ŧ.D	1.D. NUMBER 1426060						
All committees must list the financial institution where the campaign	bank accou	nt is located.			· · · · · · · · · · · · · · · · · · ·			4.44
NAME OF FINANCIAL INSTITUTION	AREA	CODE/PHONE	BANK ACCO	UNT NUMBER				
U.S. Bank		(949) 342-1170		TO MAKE THE PARTY OF THE PARTY				
ADDRESS	CITY		STATE	ZIP CODE		•		
310 Glenneyre St		Laguna Beach		CA 92651				
 List the political party with which each officeholder or candidate If this committee acts jointly with another controlled committee NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT 	e, list the na		number of the other					
Ann Marie McKay	Laguna	Beach City Clerk		2020	✓		(list political party	•
Primarily Formed Committee Primarily formed to support or of candidate(s) name or measure(s) full title (include ballot no. or leter a recall, state "recall" in Front of the officeholder's name.		CANDIDATE	ISURES IN A SINGLE ELI S) OFFICE SOUGHT OR HE UDE DISTRICT NO., CITY O	LD OR MEASURE(S) JU	RISDICTION		CHEC	CONF
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