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City of Laguna Beach. CA

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filly c. Stille City of L. a Heach JA RECEIVED AND FILED in the office of the Secretary of State CALIFORNIA Statement of Organization Recipient Committee of the State of California FORM Termination – See Part 5 MAY 03 202 Statement Type ☐ Initial Amendment O Not yet qualified O Date qualification threshold met Date qualification threshold met Date of termination 1. Committee Information I.D. Number 2. Treasurer and Other Principal Officers 5 HAR OF NAME OF COMMITTEE NAME OF TREASURER Deputy Village Laguna, Inc. Mary Ives STREET ADDRESS (NO P.O. BOX) STREET ADDRESS (NO P.O. BOX) STATE 7IP CODE AREA CODE/PHONE Laguna Beach CA 92651 ZIP CODE AREA CODE/PHONE NAME OF ASSISTANT TREASURER, IF ANY Laguna Beach CA 92651 FULL MAILING ADDRESS (IF DIFFERENT) STREET ADDRESS (NO P.O. BOX) P.O. Box 1309, Laguna Beach, CA 9265 E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) ZIP CODE AREA CODE/PHONE COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE NAME OF PRINCIPAL OFFICER(S) Orange Laguna Beach Anne Caenn STREET ADDRESS (NO P.O. BOX) ZIP CODE AREA CODE/PHONE Attach additional information on appropriately labeled continuation sheets. Laguna Beach CA 92651 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 Executed on SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT Executed on SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT Executed on

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

FPPC Form 410 (August/2018)

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