Statement of C Recipient Con				RECEIVED	CALI	FORNIA AAO
Statement Type				NEGETVED	F	ORM 41U
otatement Type	☐ Initial	✓ Amendment	☐ Termination – See Part 5	^	-	For Official Use Only
	O Not yet qualified or			NOV A T DODS		
	O Date qualification threshold me	Date qualification threshold met	Date of termination	NOV 0 1 2021		
	//	10/20/21	((City Clerk's Office	2	
1. Committee	I.D. Numb	er 1441800	2. Treasurer and	Other Principal Office	S	
NAME OF COMMITTEE	(1) аррисаве)	1441000	NAME OF TREASURER			
Citizens for a Su	stainable Laguna Beach, Sponso	red by UNITE HERE Local 11	Ada Briceño			
			STREET ADDRESS (NO P.O. BOX)			
			464 S. Lucas Ave., Ste	e. 201		
STREET ADDRESS (NO P.O.			CITY	STATE	ZIP CODE	AREA CODE/PHONE
464 S. Lucas Ave			Los Angeles	CA	90017	213-481-8530
Los Angeles		ODE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER,	, IF ANY		
FULL MAILING ADDRESS (III		017 213-481-8530	Susan Minato			
			STREET ADDRESS (NO P.O. BOX)			
E-MAIL ADDRESS (REQUIRE	St., Ste. 4050, Los Angeles, CA 90	0016	464 S. Lucas Ave., Ste	2. 201		
· ·	egalgroup.com / 213-452-6575		CITY	STATE	ZIP CODE	AREA CODE/PHONE
COUNTY OF DOMICILE	JURISDICTION WHERE COM		Los Angeles	CA	90017	213-481-8530
Los Angeles	City of Glendale	MMITTEE IS ACTIVE	NAME OF PRINCIPAL OFFICER(S)			
Dos Tingeres	City of Glendale		Ada Briceño			
			STREET ADDRESS (NO P.O. BOX)			
			464 S. Lucas Ave., Ste			
Attach additional	information on appropriately la	beled continuation sheets.	CITY	STATE	ZIP CODE	AREA CODE/PHONE
2 1/:/::			Los Angeles	CA	90017	213-481-8530
3. Verification					PARTY OF	3/2/10/4/2 TO 10/2
I have used all rea	sonable diligence in preparing t	his statement and to the best	of my knowledge the informati	on contained herein is true	and comple	ata I sastifico de
penalty of perjury	under the laws of the State of	California that the foregoing is	true and correct.	on contained neveril is true	and comple	ite. Tertify under
Executed on - 1. C)/28/21 , 3/	No.	ATURE OF TREASURER OF ASSISTANT TREASURE		τ.	
Executed on	By	31011	ATORE OF TREASURER OR ASSISTANT TREASURE	R		
	DATE BY	SIGNATURE OF CONTROL	LLING OFFICEHOLDER, CANDIDATE, OR STATE ME	EACURE DRODONENT		
Executed on	Ву		The state of the s	eroone i noroneni		
	DATE	SIGNATURE OF CONTROL	LING OFFICEHOLDER, CANDIDATE, OR STATE ME	EASURE PROPONENT		
Executed on	Ву	2000-1000-1000-1000-1000-1000-1000-1000				
	DATE	SIGNATURE OF CONTROL	LLING OFFICEHOLDER, CANDIDATE, OR STATE ME	EASIIDE DRODONENT		

FPPC Form 410 (August/2018)
FPPC Advice: <u>advice@fppc.ca.gov</u> (866/275-3772)

www.fppc.ca.gov

Re e Statement of Organization

Controlled Committee

- also list the elective office sought or held, and district number, if any, and the year of the election. List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled,
- 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
		(INCLUDE DISTRICT NUMBER IF APPLICABLE)
		YEAR OF
Nonparfisan Fartisan	Nonpartisan Partisan	PARTY CHLCK ONE
Partisan	Partisan	ONE
(list polifical party below)	(list political party below)	

Panaldy Somed Committee Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATEIS) 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 AFPLICABLE)

IF A INCLUDE DISTRICT NO. CITY OR COUNTY, AS APPLICABLE)	CHICK ONE	JAK.
	TSOAJO ISOJANS	JEGAJO
See attached.		
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	Sul-bost	350440

Statement of Organization Recipient Committee

COMMITTEE NAME INSTRUCTIONS ON REVERSE Citizens for a Sustainable Laguna Beach, Sponsored by UNITE HERE Local 11 Page 3 ABBWON OF 1441800

CALIFORNIA

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PROVIDE BRIEF DESCRIPTION OF ACTIVITY	and Assessment of the Control of the	material state of the state of		
Sporsored Committee List additional sponsors on an attachment.		AMBARIAN AND AND AND AND AND AND AND AND AND A		THE RESERVE THE PROPERTY OF TH
HAME OF SPORSOR	BIDUSTRY GROUP OR AFFILIATION OF SPONSOR	NOSA	THE PROPERTY OF THE PROPERTY O	A STATE AND A STAT
UNITE HERE Local 11	Labor Organization			
STREET ADDRESS NO AND STREET	The second secon	STATE	3H CODE	AREA CODE/PHONE
464 S. Lucas Ave., Ste. 201	Los Angeles	CA	90017	213-481-8530
Small Contributor Committee		***************************************	T T T THE PARTY WITH THE PARTY WAS TO SERVE THE PARTY WAS	

- 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.
- Government Code Section 89519 There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to
- ĺ 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.

Attachment to California Form 410 – Statement of Organization Citizens for a Sustainable Laguna Beach, Sponsored by UNITE HERE Local 11

Part 2. Additional Principal Officers

Name: Susan Minato

Stress Address: 464. S. Lucas Ave., Ste. 201

City, State, Zip Code: Los Angeles, CA 90017

Phone: 213-481-8530

Name: Kurt Petersen

Stress Address: 464. S. Lucas Ave., Ste. 201

City, State, Zip Code: Los Angeles, CA 90017

Phone: 213-481-8530

Name: Francis Engler

Stress Address: 464. S. Lucas Ave., Ste. 201

City, State, Zip Code: Los Angeles, CA 90017

Phone: 213-481-8530

Part 3. Primarily Formed Committee

Measure Name: Hotel Workers Protection Ordinance Initiative

Jurisdiction: City of Laguna Beach

Support or Oppose: Support

Measure Name: Initiative to Create the Hotel Development Overlay Zoning District and Require Voter Approval for Hotel

Development Projects

Jurisdiction: City of Laguna Beach

Support or Oppose: Support