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Laguna Beach

NOV 18 2021

City Clerk's Office
City of Laguna Beach, CA

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of the State of California

CALIFORNIA
FORM 410
For Official Use Only

OCT 18 2021

NOV 23 2021

Statement of Organization
Recipient Committee

Statement Type

<input type="checkbox"/> Initial	<input checked="" type="checkbox"/> Amendment	<input type="checkbox"/> Termination -- See Part 5
<input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met	Date qualification threshold met 10 / 10 / 2021	Date of termination

1. Committee Information		2. Treasurer and Other Principal Officers	
I.D. Number 1440907 <small>(if applicable)</small>		REGISTRAR OF VOTERS	
NAME OF COMMITTEE PRESERVE LAGUNA NOW		NAME OF TREASURER Glenn Gray By _____ Deputy	
STREET ADDRESS (NO P.O. BOX) [REDACTED]		STREET ADDRESS (NO P.O. BOX) [REDACTED]	
CITY Laguna Beach	STATE CA	ZIP CODE 92651	AREA CODE/PHONE [REDACTED]
FULL MAILING ADDRESS (IF DIFFERENT)		NAME OF ASSISTANT TREASURER, IF ANY	
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) [REDACTED]		STREET ADDRESS (NO P.O. BOX) [REDACTED]	
CITY OF DOMICILE Orange	JURISDICTION WHERE COMMITTEE IS ACTIVE City of Laguna Beach	NAME OF PRINCIPAL OFFICER(S) Glenn Gray	
Attach additional information on appropriately labeled continuation sheets.		STREET ADDRESS (NO P.O. BOX) [REDACTED]	
		CITY Laguna Beach	STATE CA
		ZIP CODE 92651	AREA CODE/PHONE [REDACTED]
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 10/14/2021 By _____
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

**CALIFORNIA
FORM 410**

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COMMITTEE NAME PRESERVE LAGUNA NOW	I.D. NUMBER 1440907
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- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION Infinity Bank	AREA CODE/PHONE 657.223.1000	BANK ACCOUNT NUMBER 7823
ADDRESS 6 Hutton Centre Drive, Suite 100	CITY Santa Ana	STATE ZIP CODE CA 92707

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	

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
"An Ordinance Creating an Overlay Zoning District and Requiring	City of Laguna Beach (Orange County, CA)		<input checked="" type="checkbox"/>
Voter Approval of Major Development Projects"		SUPPORT	OPPOSE