

**Statement of Organization  
Recipient Committee**

**Statement Type**

<input type="checkbox"/> <b>Initial</b>	<input checked="" type="checkbox"/> <b>Amendment</b>	<input type="checkbox"/> <b>Termination – See Part 5</b>
<input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met _____/_____/_____	Date qualification threshold met _____/_____/_____ 07 / 07 / 2022	Date of termination _____/_____/_____

Laguna Beach

**RECEIVED AND FILED**  
 in the office of the Secretary of State  
 of the State of California  
 Date Stamp  
**AUG 08 2022**  
**AUG 17 2022**  
**REGISTRAR OF VOTERS**

**CALIFORNIA FORM 410**  
 For Official Use Only

<b>1. Committee Information</b>	<b>I.D. Number</b> <i>(if applicable)</i>	<b>2. Treasurer and Other Principal Officers</b>
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**NAME OF COMMITTEE**  
PROTECT AND KEEP LAGUNA LOCAL, SPONSORED BY REGENCY PROPERTIES, L.P. AND AFFILIATED ENTITIES AND DTRS MLB, LLC

**I.D. Number**  
1450051

**STREET ADDRESS (NO P.O. BOX)**  
1278 GLENNEYRE ST., #459

CITY	STATE	ZIP CODE	AREA CODE/PHONE
LAGUNA BEACH	CA	92651	(213) 624-6200

**FULL MAILING ADDRESS (IF DIFFERENT)**  
515 S. FIGUEROA ST., STE. 1110 LOS ANGELES, CA 90071

**E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)**  
sosfilings@politicallaw.com / (213) 623-1692

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
ORANGE	CITY OF LAGUNA BEACH

**NAME OF TREASURER**  
CARY DAVIDSON

**STREET ADDRESS (NO P.O. BOX)**  
515 S. FIGUEROA ST., STE. 1110

CITY	STATE	ZIP CODE	AREA CODE/PHONE
LOS ANGELES	CA	90071	(213) 624-6200

**NAME OF ASSISTANT TREASURER, IF ANY**  
MICHAEL FARR

**STREET ADDRESS (NO P.O. BOX)**  
515 S. FIGUEROA ST., STE. 1110

CITY	STATE	ZIP CODE	AREA CODE/PHONE
LOS ANGELES	CA	90071	(213) 624-6200

**NAME OF PRINCIPAL OFFICER(S)**  
JOHN DOANE

**STREET ADDRESS (NO P.O. BOX)**  
1278 GLENNEYRE ST., #459

CITY	STATE	ZIP CODE	AREA CODE/PHONE
LAGUNA BEACH	CA	92651	(213) 624-6200

Attach additional information on appropriately labeled continuation sheets.

**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	8/3/2022	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

COMMITTEE NAME

PROTECT AND KEEP LAGUNA LOCAL, SPONSORED BY REGENCY PROPERTIES, L.P. AND AFFILIATED ENTITIES AND DTRS MLB, LLC

I.D. NUMBER

1450051

**2a. Additional Officers / Assistant Treasurers**

NAME  
MARY ROGERS  
MAILING ADDRESS  
1278 GLENNEYRE ST., #459  
CITY STATE ZIP CODE AREA CODE/PHONE  
LAGUNA BEACH CA 92651 (213) 624-6200

NAME  
MAILING ADDRESS  
CITY STATE ZIP CODE AREA CODE/PHONE

NAME  
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**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME PROTECT AND KEEP LAGUNA LOCAL, SPONSORED BY REGENCY PROPERTIES, L.P. AND AFFILIATED ENTITIES AND DTRS MLB, LLC	I.D. NUMBER 1450051
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- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION CALIFORNIA BANK & TRUST	AREA CODE/PHONE (213) 228-1710	BANK ACCOUNT NUMBER [REDACTED] 9092	
ADDRESS 550 S. HOPE ST., #100	CITY LOS ANGELES	STATE CA	ZIP CODE 90071

**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	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

**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
HOSPITALITY WORKING CONDITIONS	CITY OF LAGUNA BEACH	<input type="checkbox"/>	<input checked="" type="checkbox"/>
HOTEL DEVELOPMENT OVERLAY ZONING DISTRICT	CITY OF LAGUNA BEACH	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

<b>CALIFORNIA FORM 410</b>
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I.D. NUMBER  1450051

COMMITTEE NAME

PROTECT AND KEEP LAGUNA LOCAL, SPONSORED BY REGENCY PROPERTIES, L.P. AND AFFILIATED ENTITIES AND DTRS MLB, LLC

**4. Type of Committee** (Continued)

**General Purpose Committee** Not formed to support or oppose specific candidates or measures in a single election. Check only one box:  
 CITY Committee       COUNTY Committee       STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

**Sponsored Committee** List additional sponsors on an attachment.

NAME OF SPONSOR REGENCY PROPERTIES, L.P. AND AFFILIATED ENTITIES		INDUSTRY GROUP OR AFFILIATION OF SPONSOR HOSPITALITY			
STREET ADDRESS 1555 S. COAST HIGHWAY	NO. AND STREET	CITY LAGUNA BEACH	STATE CA	ZIP CODE 92651	AREA CODE/PHONE (888) 579-8544

**Small Contributor Committee**  \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date qualified

**5. Termination Requirements** By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

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

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**CALIFORNIA  
FORM 410**

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

PROTECT AND KEEP LAGUNA LOCAL, SPONSORED BY REGENCY PROPERTIES, L.P. AND AFFILIATED ENTITIES AND DTRS MLB, LLC

I.D. NUMBER

1450051

**Sponsored Committee** List additional sponsors on an attachment.

NAME OF SPONSOR DTRS MLB, LLC	INDUSTRY GROUP OR AFFILIATION OF SPONSOR HOSPITALITY
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MAILING ADDRESS	NO. AND STREET	CITY	STATE	ZIP CODE
	30801 S. COAST HIGHWAY	LAGUNA BEACH	CA	92651 (866) 271-6953

NAME OF SPONSOR	INDUSTRY GROUP OR AFFILIATION OF SPONSOR
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MAILING ADDRESS	NO. AND STREET	CITY	STATE	ZIP CODE
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NAME OF SPONSOR	INDUSTRY GROUP OR AFFILIATION OF SPONSOR
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MAILING ADDRESS	NO. AND STREET	CITY	STATE	ZIP CODE
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NAME OF SPONSOR	INDUSTRY GROUP OR AFFILIATION OF SPONSOR
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MAILING ADDRESS	NO. AND STREET	CITY	STATE	ZIP CODE
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