

**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="checkbox"/> Not yet qualified or <input type="checkbox"/> Date qualification threshold met	<input type="checkbox"/> Date qualification threshold met	Date of termination
____/____/____	____/____/____	____/____/____

Date Stamp RECEIVED SEP 08 2022 City Clerk's Office City of Laguna Beach, CA	CALIFORNIA FORM 410 For Official Use Only
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1. Committee Information		I.D. Number 990381 <small>(if applicable)</small>				2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE Village Laguna, Inc.		NAME OF TREASURER Mary Ives				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]	NAME OF ASSISTANT TREASURER, IF ANY Johanna Felder			
CITY Laguna Beach	STATE CA	ZIP CODE 92651	AREA CODE/PHONE [REDACTED]	STREET ADDRESS (NO P.O. BOX) [REDACTED]					
FULL MAILING ADDRESS (IF DIFFERENT) P. O. Box 1309, Laguna Beach, CA 92652		CITY Laguna Beach	STATE CA	ZIP CODE 92651	AREA CODE/PHONE [REDACTED]	NAME OF PRINCIPAL OFFICER(S) Anne Caenn			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) [REDACTED]		STREET ADDRESS (NO P.O. BOX) [REDACTED]				CITY Laguna Beach			
COUNTY OF DOMICILE Orange	JURISDICTION WHERE COMMITTEE IS ACTIVE Laguna Beach, CA			STREET ADDRESS (NO P.O. BOX) [REDACTED]					
[REDACTED]		CITY Laguna Beach	STATE CA	ZIP CODE 92651	AREA CODE/PHONE [REDACTED]	[REDACTED]			
<i>Attach additional information on appropriately labeled continuation sheets.</i>									
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 9/8/2022 By [REDACTED]
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

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INSTRUCTIONS ON REVERSE

Page 2

COMMITTEE NAME Village Laguna, Inc.	I.D. NUMBER 990381
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• All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION Bank of America	AREA CODE/PHONE 888-287-4637	BANK ACCOUNT NUMBER ██████████ 222	
ADDRESS 299 Ocean Avenue.	CITY Laguna Beach	STATE CA	ZIP CODE 92651

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		
			Nonpartisan	Partisan	(list political party below)
			Nonpartisan	Partisan	(list political party below)
			Nonpartisan	Partisan	(list political party below)

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
MARK ORGILL	City Council Member	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Ruben Flores	City Council Member	<input type="checkbox"/>	<input checked="" type="checkbox"/>

(CONTINUED NEXT PAGE)

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Date: September 8, 2022

Village Laguna (ID 990381)

4. Type of Committee – Primarily Formed Committee
(Additional candidate listing)

Candidate Name		Support	Oppose
Jerome Pudwill	City Council	X	
Sue Kempf	City Council		X
Alex Rounaghi	City Council		X
Peter Blake	City Council		X
Louis Weil	City Council		X