

**Statement of Organization
Recipient Committee**

Statement Type

Initial
 Not yet qualified or
 Date qualification threshold met

Amendment
 Date qualification threshold met _____/_____/_____

Termination - See Part 5
 Date of termination 1/30/21

RECEIVED
 AUG 6 2021
 City of Laguna Beach

CALIFORNIA FORM 410

For Official Use Only

1. Committee Information		I.D. Number		2. Treasurer and Other Principal Officers	
NAME OF COMMITTEE <u>Mariann Tracy for City Clerk 2020</u>		<u>1425582</u>		NAME OF TREASURER <u>Anne McGraw</u>	
STREET ADDRESS (NO P.O. BOX)				STREET ADDRESS (NO P.O. BOX)	
CITY <u>Laguna Beach</u>	STATE <u>CA</u>	ZIP CODE <u>92651</u>	AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF ANY <u>n/a</u>	
FULL MAILING ADDRESS (IF DIFFERENT)				STREET ADDRESS (NO P.O. BOX)	
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)				CITY STATE ZIP CODE AREA CODE/PHONE	
COUNTY OF DOMICILE <u>Orange</u>	JURISDICTION WHERE COMMITTEE IS ACTIVE <u>Laguna Beach</u>			NAME OF PRINCIPAL OFFICER(S) <u>Mariann L. Tracy</u>	
				STREET ADDRESS (NO P.O. BOX)	
Attach additional information on appropriately labeled continuation sheets.				CITY STATE ZIP CODE AREA CODE/PHONE <u>Laguna Beach, CA 92651</u>	

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 _____ By _____

Executed on 8/5/21 By Mariann L. Tracy

Executed on _____ By _____

Executed on _____ By _____

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA FORM 410

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COMMITTEE NAME <i>Mariann Tracy for City Clerk 2020</i>	I.D. NUMBER <i>1425582</i>
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• All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION <i>U.S. Bank</i>	AREA CODE/PHONE <i>(949) 342-1170</i>	BANK ACCOUNT NUMBER
ADDRESS <i>310 Glenneyre Street</i>	CITY <i>Laguna Beach</i>	STATE ZIP CODE <i>CA 92651</i>

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		
<i>Mariann L Tracy</i>	<i>City Clerk of Laguna Beach</i>	<i>'20</i>	Nonpartisan <input checked="" type="checkbox"/>	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