

**Statement of Organization
Recipient Committee**

RECEIVED

CALIFORNIA FORM 410

Statement Type

Initial
 Amendment
 Termination - See Part 5

Not yet qualified or
 Date qualification threshold met

Date qualification threshold met _____

Date of termination _____

Date Stamp
 AUG 25 2021
 City Clerk's Office
 City of Laguna Beach, CA

For Official Use Only

| 1. Committee Information | | | | I.D. Number (if applicable) | | | | 2. Treasurer and Other Principal Officers | | | |
|--|--|--|--|--|--|-------------------------------|--|--|--|---------------------------------|--|
| NAME OF COMMITTEE Preserve Laguna Now | | | | NAME OF TREASURER Glenn Gray | | | | 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] | |
| CITY Laguna Beach | | STATE CA | | ZIP CODE 92651 | | AREA CODE/PHONE [REDACTED] | | NAME OF ASSISTANT TREASURER, IF ANY | | | |
| FULL MAILING ADDRESS (IF DIFFERENT) | | | | STREET ADDRESS (NO P.O. BOX) | | | | CITY STATE ZIP CODE AREA CODE/PHONE | | | |
| E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) [REDACTED] | | | | NAME OF PRINCIPAL OFFICER(S) Glenn Gray | | | | STREET ADDRESS (NO P.O. BOX) [REDACTED] | | | |
| COUNTY OF DOMICILE Orange | | JURISDICTION WHERE COMMITTEE IS ACTIVE City of Laguna Beach | | CITY Laguna Beach | | STATE CA | | ZIP CODE 92651 | | AREA CODE/PHONE 949.322.8590 | |
| <p>Attach additional information on appropriately labeled continuation sheets.</p> | | | | | | | | | | | |

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 August 23, 2021 By Glenn Gray
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 |
|---------------------------------------|-------------|

- 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 | 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 PROONENT | ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE) | YEAR OF ELECTION | PARTY CHECK ONE | | |
|---|---|------------------|-----------------|----------|------------------------------|
| | | | 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 |
| "An Ordinance Creating an Overlay Zoning District and | | | <input checked="" type="checkbox"/> |
| Requiring Voter Approval of Major Development Projects." | | | |