

Laguna Beach

Statement of Organization Recipient Committee

Statement Type

Initial [] Amendment [X] Termination - See Part 5 []
Not yet qualified or Date qualification threshold met
Date qualification threshold met 05 / 09 / 2018
Date of termination

RECEIVED AND FILED in the office of the Secretary of State of the State of California SEP 21 2021 REGISTERAR OF VOTERS Hand Delivered, Sacramento

1. Committee Information

I.D. Number (if applicable) 1405838

2. Treasurer and Other Principal Officers

NAME OF COMMITTEE: Laguna Forward PAC
STREET ADDRESS (NO P.O. BOX): 1278 Glenneyre Street, Suite 182
CITY: Laguna Beach STATE: CA ZIP CODE: 92651 AREA CODE/PHONE: (949) 416-0847
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL): Laura@StephenCompany.Com
COUNTY OF DOMICILE: Orange County JURISDICTION WHERE COMMITTEE IS ACTIVE: City of Laguna Beach

NAME OF TREASURER: Laura Ann Stephen
STREET ADDRESS (NO P.O. BOX): 1127 11th Street, Suite 210
CITY: Sacramento STATE: CA ZIP CODE: 95814 AREA CODE/PHONE: (916) 706-2677
NAME OF ASSISTANT TREASURER, IF ANY: Kimberly Urbano
STREET ADDRESS (NO P.O. BOX): 1127 11th Street, Suite 210
CITY: Sacramento STATE: CA ZIP CODE: 95814 AREA CODE/PHONE: (916) 706-2677
NAME OF PRINCIPAL OFFICER(S): Michael Ray
STREET ADDRESS (NO P.O. BOX): 1278 Glenneyre Street, Suite 182
CITY: Laguna Beach STATE: CA ZIP CODE: 92651 AREA CODE/PHONE: (949) 416-0847

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 9/20/2021 By [Signature] SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Statement of Organization
Recipient Committee

CALIFORNIA
FORM 410

INSTRUCTIONS ON REVERSE

Page 2 of 4

COMMITTEE NAME

Laguna Forward PAC

I.D. NUMBER

1405838

2a. Additional Officers / Assistant Treasurers

NAME

Sam Goldstein

MAILING ADDRESS

1278 Glenneyre Street, Suite 182

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Laguna Beach	CA	92651	(949) 416-0847

NAME

Cindy Shopoff

MAILING ADDRESS

1278 Glenneyre Street, Suite 182

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Laguna Beach	CA	92651	(949) 416-0847

NAME

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
------	-------	----------	-----------------

NAME

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
------	-------	----------	-----------------

NAME

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
------	-------	----------	-----------------

NAME

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
------	-------	----------	-----------------

NAME

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
------	-------	----------	-----------------

NAME

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
------	-------	----------	-----------------

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Laguna Forward PAC

I.D. NUMBER

1405838

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION California Bank and Trust	AREA CODE/PHONE (213) 228-1700	BANK ACCOUNT NUMBER 5798047493
ADDRESS 550 South Hope Street, Suite 100	CITY Los Angeles	STATE ZIP CODE CA 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		
			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
		SUPPORT	OPPOSE
		SUPPORT	OPPOSE

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Laguna Forward PAC

I.D. NUMBER

1405838

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

To support and/or oppose candidates for office in the City of Laguna Beach and ballot measures in the City of Laguna Beach and/or nearby municipalities.

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

Laguna Forward

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

Civic and social welfare organization

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

1278 Glenneyre Street, Suite 182

Laguna Beach

CA

92651

(949) 416-0847

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.