O Not yet qualified or  ⊗ Date qualified as committee ———/——/———/——	Date Stamp  CALIFORNIA 410  FORM  For Official Use only in the office of the Secretary of State of the State of California  MAY 10 2018  REG STAN OF VOTERS Deputy
I. Committee Information I.D. Number (if applicable)	2. Treasurer and Other Principal Officers
NAME OF COMMITTEE	NAME OF TREASURER
	Stacy Owens
Liberate Laguna PAC	STREET ADDRESS (NO P.O. BOX)
	5940 College Ave, Suite F
STREET ADDRESS (NO P.O. BOX)	CITY STATE ZIP CODE AREA CODE/PHONE
410 Broadway, Suite 200	Oakland CA 94618 (510)423-4300
CITY STATE ZIP CODE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF ANY
Laguna Beach CA 92651 (949)416-0847	Peter Sullivan
MAILING ADDRESS (IF DIFFERENT)	STREET ADDRESS (NO P.O. BOX)
	5940 College Ave, Suite F
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)	CITY STATE ZIP CODE AREA CODE/PHONE
sowens@seowenscompany.com	Oakland CA 94618 (510)423-4300
COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE	NAME OF PRINCIPAL OFFICER(S)
Orange County, CA City of Laguna Beach	Michael Ray
	STREET ADDRESS (NO P.O. BOX)
	410 Broadway, Suite 200
Attack additional for the second seco	CITY STATE ZIP CODE AREA CODE/PHONE
Attach additional information on appropriately labeled continuation sheets.	Laguna Beach CA 92651 (949)416-0847
Executed on By	knowledge the information contained herein is true and complete. I certify under and correct.  F TREASURER OR ASSISTANT TREASURER  FICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

Executed on

FPPC Form 410 (February/2018)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)

INSTRUCTIONS ON REVERSE

CALIFORNIA 410

Page 2 of 4

COMMITTEE NAME

Liberate Laguna PAC

I.D. NUMBER

2a. Additional Officers / As	ssistant Tr	easurers					
NAME				NAME			
Sam Goldstein							
MAILING ADDRESS				MAILING ADDRESS			
410 Broadway, Suite 200					43		
CITY	STATE	ZIP CODE	AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
Laguna Beach	CA	92651	(949)416-0847		***************************************		
NAME				NAME		and the second s	
MAILING ADDRESS				MAILING ADDRESS			
CITY	STATE	ZIP CODE	AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
NAME				NAME			
MAILING ADDRESS	+			MAILING ADDRESS			
WALLING ADDRESS				MAILING ADDRESS			
CITY	STATE	ZIP CODE	AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
NAME	Charles de la Company de la Co		The control and the substitute of the substitute	NAME			and the second s
MAILING ADDRESS			, , , , , , , , , , , , , , , , , , ,	MAILING ADDRESS			e a company and a company
CITY	STATE	ZIP CODE	AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE

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	ORM		11	

INSTRUCTIONS ON REVERSE  COMMITTEE NAME	The state of the s
	Page 2 Page 3 of 4
COMMITTEE NAME	I.D. NUMBER
Liberate Laguna PAC	

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

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER	
First Republic Bank	(510)530-8881	80006765467	
ADDRESS	CITY	STATE ZIP C	CODE
2800 East Coast Hwy	Corona Del Mar	CA	92625

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	(INCLUDE DISTRICT NUMBER IF APPLICABLE)	ELECTION	CHECK	ONE		
		I	Nonpartisan	Partisan	(list political party	below)
			Nonpartisan	Partisan	(list political party	below)
	se specific candidates or measures in a single el					
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 HE (INCLUDE DISTRICT NO., CITY O				CHECK	ONE
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					SUPPORT	OPPOSE

ELECTIVE OFFICE SOUGHT OR HELD

YEAR OF

PARTY

INSTRUCTIONS ON REVERSE

CALIFORNIA 410

				Page 3 Page 4 of 4
COMMITTEE NAME				I.D. NUMBER
Liberate Laguna PAC				
4. Type of Committee (Continued)				
	se specific candidates or measures in NTY Committee			
PROVIDE BRIEF DESCRIPTION OF ACTIVITY				
To support and/or oppose candidates for office in the C	ity of Laguna Beach and ballot	measures in the City	of Laguna Bea	ch and/or nearby municipaliti
Sponsored Committee List additional sponsors on an attachm	ment.			
NAME OF SPONSOR	INDUSTRY GROUP OR AFFILIATION O	F SPONSOR		
Liberate Laguna	Civic and social wel	fare organization		
STREET ADDRESS NO. AND STREET	CITY	STATE	ZIP CODE	AREA CODE/PHONE
410 Broadway, Suite 200	Laguna Beach	CA	92651	(949) 416-0847
Small Contributor Committee			1	

## 5. Termination Requirements

- 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.

Statement of Organization	
Recipient Committee	Date Stamp CALIFORNIA 440
Statement Type IVI	RECEIVED FORM 410
	For Official Use Only
O Not yet qualified or	MAY 1 4 2018
Date qualified as committee ———/———/———	-//
Date qualified as committee Da	te of termination  City Clerk's Office  City of Laguna Report
	te of termination  City Clerk's Office  City of Laguna Beach, ¢A
1. Committee Information   I.D. Number (if applicable)	2. Treasurer and Other Principal Officers
NAME OF COMMITTEE	NAME OF TREASURER
* ()	Stacy Owens
Liberate Laguna PAC	STREET ADDRESS (NO P.O. BOX)
	5940 College Ave, Suite F
STREET ADDRESS (NO P.O. BOX)	CITY
410 Broadway, Suite 200	Oakland AREA CODE/PHONE
CITY STATE ZIP CODE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF ANY
Laguna Beach CA 92651 (949)416-0847	Peter Sullivan
MAILING ADDRESS (IF DIFFERENT)	STREET ADDRESS (NO P.O. BOX)
	5940 College Ave, Suite F
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)	CITY STATE ZIP CODE AREA CODE/PHONE
sowens@seowenscompany.com	Oakland
COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE	NAME OF PRINCIPAL OFFICER(S)  CA 94618 (510) 423-4300
Orange County, CA City of Laguna Beach	Michael Ray
	STREET ADDRESS (NO P.O. BOX)
	410 Broadway, Suite 200
Attach additional information on appropriately labeled continuation sheets.	CITY STATE ZIP CODE AREA CODE/PHONE
additional injurisdent on appropriately lubeled continuation sneets.	Laguna Beach CA 92651 (949)416-0847
3. Verification	(>1) 110 0011
I have used all reasonable diligence in preparing this statement and to the best of r	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 tru	e and correct.
Executed on 5/9/2018 By	
DATE BY	E OF TREASURER OR ASSISTANT TREASURER
Executed onBv	
DATE SIGNATURE OF CONTROLLING	G OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on By	
SIGNATURE OF CONTROLLING	OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on By	
SIGNATURE OF CONTROLLING	G OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

FPPC Form 410 (February/2018)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

INSTRUCTIONS ON REVERSE

CALIFORNIA 410

Page 2 of 4

I.D. NUMBER

COMMITTEE NAME

Liberate Laguna PAC

## 2a. Additional Officers / Assistant Treasurers

NAME				NAME			
Sam Goldstein							
MAILING ADDRESS				MAILING ADDRESS	****		
410 Broadway, Suite 200	AND THE RESERVE OF THE PARTY OF						
CITY	STATE	ZIP CODE	ÀREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONL
Laguna Beach	CA	92651	(949)416-0847	•			
NAME				NAME			
MAILING ADDRESS				MAILING ADDRESS			
CITY	STATE	ZIP CODE	AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
NAME	THE SECTION SE	TO SHEET HER SHEET AND ASSOCIATION OF THE SHEET ASSOCIATION OF THE SHEE		NAME	M		
MAILING ADDRESS				MAILING ADDRESS			
CITY	STATE	ZIP CODE	AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
NAME				NAME			
MAILING ADDRESS		78 - 1 Harrison		MAILING ADDRESS			
CITY	STATE	ZIP CODE	AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE

FORM 410

INSTRUCTIONS ON REVERSE

Page 2 Page 3 of 4

COMMITTEE NAME

Liberate Laguna PAC

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

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER	
First Republic Bank	(510)530-8881	80006765467	
ADDRESS	CITY	STATE ZIP CODE	
2800 East Coast Hwy	Corona Del Mar	CA 92625	

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	(1	ELECTIVE OFFICE SOUGHT OR HELD INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	CHEC	P K ONE	ARTY
				Nonpartisan	Partisan	(list political party below)
				Nonpartisan	Partisan	(list political party below)
Primarily Formed Committee Primarily formed to support or op	pose spec	ific candidates or measures in a single el	ection. List	below:		
CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTE IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	ER)	CANDIDATE(S) OFFICE SOUGHT OR HI (INCLUDE DISTRICT NO., CITY (			N	CHECK ONE

SUPPORT

OPPOSE

INSTRUCTIONS ON REVERSE

CALIFORNIA **FORM** 

Page 3	Page	4	of	i

				1	Page 4 of 4
COMMITTEE NAME					I.D. NUMBER
Liberate Laguna PAC					
4. Type of Committee (Continued)					
	pecific ca	andidates or measures in a single eletee  STATE Committee  Politica	ction. Chec al Party/Cen	k only one box: tral Committee	
PROVIDE BRIEF DESCRIPTION OF ACTIVITY  To support and/or oppose candidates for office in the City	of Lagı	una Beach and ballot measures i	n the City	of Laguna Bea	ch and/or nearby municipalit
Sponsored Committee List additional sponsors on an attachment	t.				
NAME OF SPONSOR		INDUSTRY GROUP OR AFFILIATION OF SPONSOR		_	
Liberate Laguna		Civic and social welfare organ	nization		
STREET ADDRESS NO. AND STREET	CITY		STATE	ZIP CODE	AREA CODE/PHONE
410 Broadway, Suite 200	Lagun	a Beach	CA	92651	(949) 416-0847
Small Contributor Committee					

## 5. Termination Requirements

- 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.

Statement of Organizat Recipient Committee	ion		RECEIVED	CALIFORNIA	410
Statement Type  Initial  Not yet qu		ination – See Part 5	AUG 27 2018	FORM For Official U	ise Only
Or O Date quali	ified as committee 05 / 09 / 2018	f termination	City Clerk's Office City of Laguna Beach, CA	NO. (ALL DESCRIPTION OF THE PROPERTY OF THE PR	
Committee Information	I.D. Number (if applicable) 1405838	2. Treasurer and	d Other Principal Officers	>	A. A
NAME OF COMVITTEE		NAME OF TREASURER	The second secon		***************************************
Liberate Lagura PAC		Stacy Owens			
		STREET ADDRESS (NO P.O. BOX)		And the second s	THE REAL PROPERTY AND ADDRESS OF THE CORNEL AND COMMENTAL OF
		5940 College Ave,	, Suite F		
STREET ADDRESS (NO P.O. BOX)	AND ASSESSMENT TRANSPORT AND ADMINISTRATION OF THE PROPERTY OF THE STATE AND ADMINISTRATION OF THE STATE ADMINISTR	CITY	STATE	ZIP CODE AREA	A CODE/PHONE
410 Broadway, Suite 200		Oakland	CA	94618 (5	10)423-4300
CITY	STATE ZIP CODE AREA CODE/PHONE	NAME OF ASSISTANT TREASURE	R, IF ANY	***************************************	
Laguna Beach	CA 92651 (949)416-0847	Peter Sullivan			
MA:LING ADDRESS (.F DIFFERENT)	NICESTRALINGUES DO MODELLO DE CHARLES COMPANIONES DE MODELLO ANTONIO DE CONCUENCIONES COMPANIONES CONCUENCADO	STREET ADDRESS (NO P.O. BOX)			
		5940 College Ave,	Suite F		
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL		CITY	STATE	ZIP CODE AREA	CODE/PHONE
sowens@seowenscompany.com		Oakland	CA		10)423-4300
COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE	NAME OF PRINCIPAL OFFICER(S)			
Orange County, CA	City of Laguna Beach	Michael Ray			
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		410 Broadway, Sui	te 200		
Oatro-boulding to 6		CITY	STATE	ZIP CODE AREA	CODE/PHONE
Attach additional information of	n appropriately labeled continuation sheets.	Laguna Beach	CA		
3. Verification					19) 416-0847
ا have used all reasonable diliؤ penalty of perjury under the la	gence in preparing this statement and to the best of my aws of the State of Çalifornia that the foregoing is true a	knowledge the information knowledge the information in the correct.	tion contained herein is true a	and complete. I certif	y under
Executed on 8/22/2018 DATE	By SIGNATURE O	F TREASURER OR ASSISTANT TREASUR	DEC	The state of the s	
Executed on	beautiful and the second of th	THE TOTAL ON ASSISTANT TREASON	nen		
DATE	SIGNATURE OF CONTROLLING OF	FICEHOLDER, CANDIDATE, OR STATE I	MACACIDE DOOD ONEST	The succession of the	
Executed on		FIGEHOLDER, CANDIDATE, OR STATE I	MEASURE PROPONENT		
DATE	SIGNATURE OF CONTROLLING CF	FICEHOLDER, CANDIDATE, OR STATE	MEASURE PROPONENT	Address A. Apparent	
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TAC	AND AND ADDRESS OF THE PROPERTY OF THE PROPERT	FFICEHOLDER, CANDIDATE, OR STATE	MEASURE PROPONENT	bioner-propagate annual a	

INSTRUCTIONS ON REVERSE

COLFORMA (1900) Page 2 of 5 1405838 D. NUMBER Liberate Laguna PAC COMMITTEE NAME

# 2a. Additional Officers / Assistant Treasurers

NAME			CTTOTAL TO PARTY WATER TO THE PARTY OF THE P	NAME			CHEMICAL CONTRACTOR OF THE STATE OF THE STAT
Sam Goldstein							
MAIL:NG ADDRESS				MAILING ADDRESS			
410 Broadway, Suite 200							
CITY	STATE	ZIP CODE	AREA CODE/PHONE	CITY	STATE ZI	ZIP CODE	AREA CODE/PHONE
Laguna Reach	CA	92651	(949)416 0847				
ANGERS AND AND THE TRANSPORT PLANTERS AND							
NAME				NAME			TOTAL TOTAL CONTRACTOR AND
Cindy Shopoff							
MAILING ADDRESS				MAILING ADDRESS			
410 Broadway, Suite 200							
CITY	STATE	ZIP CODE	AREA CODE/PHONE	CITY	STATE ZI	ZIP CODE	AREA CODE/PHONE
Laguna Beach	CA	92651	(949)416-0847				
NAME		NACT AND DESCRIPTIONS OF THE PROPERTY OF THE P	COLUMN TO THE PROPERTY OF THE	NAME			TAKELER ST. S.
MAH MG ADDRESS							
				MAILING ADDRESS			
CITY	STATE	ZIP CODE	AREA CODE/PHONE	CITY	STATE ZII	ZIP CODE	AREA CODE/PHONE
NAME				NAME			TATER MOTERNATIVE WEIGHT STEELEN STEEL
MAIL HAY STREET	P. C.						
WAILING AUDRESS				MAILING ADDRESS			
CITY	STATE	ZIP CODE	AREA CODE/PHONE	CITY	STATE ZIF	ZIP CODE	AREA CODE/PHONE

Statement of Organization	CAN DECEMBER
Rechient Committee	
INSTRUCTIONS ON REVERSE	
	Page 3 Page 4 of 5
UNINITIENANC	I.D. NUMBER
Liberate Laguna PAC	1405828
4. Type of Committee (continued)	000000
Γ	
Concentrative of the committee   Not formed to support or oppose specific candidates or measures in a single election. Check only one box:	
Estaty/Central 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	ach and/or nearby municipalities.
இதன்கள் <b>தொண்ணில் அ</b> List additional sponsors on an attachment.	

# Date qualified Stradil Contributor Committee

AREA CODE/PHONE (949) 416-0847

2:P CODE 92651

5

Laguna Beach

NG. AND STREFT

Liberate Laguna

STREET ADDRESS

NAME OF SPONSOR

410 Broadway, Suite 200

Civic and social welfare organization

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

- By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met: S. Termination Requirements
- This committee does not anticipate receiving contributions or making expenditures in the future;

o This committee has ceased to receive contributions and make expenditures;

- 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.

Additional Companis For Form 410

ADDITIONAL COMMENTS

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Page 5 I.D. NUMBER 1405838

COMMITTEE NAME Liberate Laguna PAC

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officers
committee
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Statement of Organization Recipient Committee		RECEIVED	CALIFORNIA	4 410
Statement Type	rmination – See Part 5		FORM For Official	Use Only
O Not yet qualified		OCT 17 2018		,
O Date qualified as committee     05	te of termination	City Clerk's Office City of Laguna Beach, CA		
1. Committee Information I.D. Number (if applicable) 1405838	2. Treasurer and	Other Principal Officers	1	
NAME OF COMMITTEE	NAME OF TREASURER			
	Stacy Owens			
Liberate Laguna PAC	STREET ADDRESS (NO P.O. BOX)			
	5940 College Ave,	Suite F		
STREET ADDRESS (NO P.O. BOX)	CITY	STATE	ZIP CODE AR	EA CODE/PHONE
4667 MacArthur Blvd. Suite 420	Oakland	CA		510)423-4300
CITY STATE ZIP CODE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER	15,140,000		
Newport Beach CA 92660 (949)416-0847	Peter Sullivan			
MAILING ADDRESS (IF DIFFERENT)	STREET ADDRESS (NO P.O. BOX)			
	5940 College Ave,	Suite F		
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)	CITY	STATE	ZIP CODE AR	EA CODE/PHONE
sowens@seowenscompany.com	Oakland	CA	94618 (	510)423-4300
COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE	NAME OF PRINCIPAL OFFICER(S)			
Orange County, CA City of Laguna Beach	Michael Ray			
	STREET ADDRESS (NO P.O. BOX)			
	410 Broadway, Sui	te 200		
Attach additional information on appropriately labeled continuation sheets.	CITY	STATE	ZIP CODE AR	REA CODE/PHONE
Accordant information on appropriately labeled continuation sheets.	Laguna Beach	CA	92651 (	949)416-0847
Executed on DATE By SIGNATURE OF CONTROLLI  Executed on DATE By SIGNATURE OF CONTROLLI  Executed on By	my knowledge the informative and correct.  URE OF TREASURER OB ASSISTANT TREASURER OF TREASURER	RER MEASURE PROPONENT	ind complete. I cer	tify under
DATE SIGNATURE OF CONTROLL	ING OFFICEHOLDER, CANDIDATE, OR STATE	MEASURE PROPONENT		

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Liberate Laguna PAC

CALIFORNIA 410

Page 2 of 5

I.D. NUMBER 1405838

2a. Additional Officers /	Assistant Tr	easurers					
NAME		774 Superior Management Company		NAME			
Sam Goldstein							
MAILING ADDRESS				MAILING ADDRESS			
410 Broadway, Suite 200							
CITY	STATE	ZIP CODE	AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
Laguna Beach	CA	92651	(949) 416-0847				
NAME		THE OWNER WAS AND AND PARTY OF THE PERSON OF		NAME			
Cindy Shopoff							
MAILING ADDRESS				MAILING ADDRESS			
410 Broadway, Suite 200							
CITY	STATE	ZIP CODE	AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
Laguna Beach	CA	92651	(949)416-0847			~	***************************************
NAME		- Tr		NAME		· · · · · · · · · · · · · · · · · · ·	
MAILING ADDRESS	Manual Control of the			MAILING ADDRESS			
CITY	STATE	ZIP CODE	AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
			1				
NAME				NAME	TOWN OF THE PERSON NAMED AND ADDRESS OF THE PARTY.		NOTE TO THE STREET OF THE PROPERTY OF THE STREET OF THE ST
MAILING ADDRESS		The same of the second position of the second		MAILING ADDRESS			
CITY	STATE	ZIP CODE	AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE

Statement of Organization Recipient Committee INSTRUCTIONS ON REVERSE							10
COMMITTEE NAME		Page 2 Page 3 of 5					
iberate Laguna PAC					I.D. NUMBER	405838	
• All committees must list the financial institution where the campaign ban	k account is located.						
NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCO	UNT NUMBER				
First Republic Bank	(510) 530-8881	800	06765467				
ADDRESS	CITY	STATE	Z	IP CODE			
2800 East Coast Hwy	Corona Del Mar	CA		92625			
<ul> <li>List the name of each controlling officeholder, candidate, or state mediatrict number, if any, and the year of the election.</li> <li>List the political party with which each officeholder or candidate is a lift this committee acts jointly with another controlled committee, list</li> </ul>	affiliated or check "nonpartisan t the name and identification n	." Stating "No par umber of the oth	rty preferer er controlle	nce" is accepta		ce sought or he	eld, and
NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT		ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)  EL			PARTY JECK ONE		
				Nonpartisan Nonpartisan		(list political party (list political party	
Primarily Formed Committee  Primarily formed to support or opport  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	sures in a single el ) OFFICE SOUGHT OR HI DE DISTRICT NO., CITY (	ELD OR MEASU	RE(S) JURISDICTIO	N I	CHECK	ONE
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Statement of Organization Recipient Committee Instructions on reverse		CALIFORNIA 410
COMMITTEE NAME		Page 3 Page 4 of 5
Liberate Laguna PAC		1405838
4. Type of Committee (Continued)		
	andidates or measures in a single election. Check only one bottee STATE Committee Political Party/Central Commit	
PROVIDE BRIEF DESCRIPTION OF ACTIVITY		
To support and/or oppose candidates for office in the City of Lagu	ana 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	INDUSTRY GROUP OR AFFILIATION OF SPONSOR	
Liberate Laguna	Civic and social welfare organization	
STREET ADDRESS NO. AND STREET CITY	STATE ZIP CODE	AREA CODE/PHONE
410 Broadway, Suite 200 Lagund	a Beach CA 92651	(949) 416-0847

## 5. Termination Requirements

Small Contributor Committee

- 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.

## Additional Comments For Form 410

ADDITIONAL COMMENTS

CALIFORNIA 410

FORM 5 of 5

I.D. NUMBER
1405838

COMMITTEE NAME

Liberate Laguna PAC

The committee address has changed.

Statement Type    Initial	у
or I I I	
O Date qualification threshold met Date qualification threshold met Date of termination City Clerk's Office City of Laguna Beach, CA	
1. Committee Information I.D. Number (if applicable) 1405838 2. Treasurer and Other Principal Officers	
NAME OF TREASURER  NAME OF TREASURER	
Liberate Laguna PAC Stacy Owens  STREET ADDRESS (NO P.O. BOX)	- u ,
312 Clay St Suite 300	
STREET ADDRESS (NO P.O. BOX)  CITY  STATE  ZIP CODE  AREA CODE	/PHONE
4667 MacArthur Blvd. Suite 420 Oakland CA 94607 (510)4	23-4300
CITY STATE ZIP CODE AREA CODE/PHONE NAME OF ASSISTANT TREASURER, IF ANY	
Newport Beach         CA         92660         (949)416-0847         Peter Sullivan	
FULL MAILING ADDRESS (IF DIFFERENT)  STREET ADDRESS (NO P.O. BOX)	
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)  STATE ZIP CODE AREA CODE	/DUONE
filiance-	
filings@seowenscompany.com  COUNTY OF DOMICILE  JURISDICTION WHERE COMMITTEE IS ACTIVE  Oakland  CA 94607 (510) 4	23-4300
Orange County, CA City of Laguna Beach Michael Ray	
STREET ADDRESS (NO P.O. BOX)	
410 Broadway, Suite 200	
Attach additional information on appropriately labeled continuation sheets.	/PHONE
	16-0847
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 unpenalty of perjury under the laws of the State of California that the foregoing is true and correct.	der
Executed on 6/20/2019 DATE By SIGNATURE OF TREASURER OR ASSISTANT TREASURER	
Executed onBy	
Executed on By	
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT	
Executed onBy	

FPPC Form 410 (August/2018)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

INSTRUCTIONS ON REVERSE

FORM	ALIFORNIA
	710

1405838

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# COMMITTEE NAME Liberate Laguna PAC

# 2a. Additional Officers / Assistant Treasurers

MAILING ADDRESS	NAME	CITY STATE ZIP CODE AREA CODE/PHONE CITY STATE	NAME  NAME  NAME  MAILING ADDRESS	Laguna Beach CA 92651 (949)416-0847	410 Broadway, Suite 200 STATE ZIP CODE AREA CODE/PHONE CITY STATE	Cindy Shopoff  MAILING ADDRESS  MAILING ADDRESS	ma Beach CA 32031 (373)710 0077	, Suite 200 STATE	Sam GOLDETEIN MAILING ADDRESS	NAME	Fa. Additional Chiconomic Control
MAILING ADDRESS	AME	אורץ	AAILING ADDRESS		)TY	MAILING ADDRESS		איי	MAILING ADDRESS	AME	
1		STATE			STATE			STATE			
STATE				1 1	- 1	ı	1				
STATE ZIP CODE		ZIPCODE			ZIP CODE			ZIP CODE		:	

Statement of Organization Recipient Committee					FORM 410			
INSTRUCTIONS ON REVERSE  COMMITTEE NAME						Page 3 of 4		
Liberate Laguna PAC					I.D. NUMBER	1405838		
All committees must list the financial institution w	here the campaign bank account is located.		11 11					
NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOU	NT NUMBER		1000	TO STATE OF THE PARTY OF THE PA		
First Republic Bank	(510)530-8881	8000	06765467					
ADDRESS	CITY	STATE	ZIP C	DDE				
2800 East Coast Hwy	Corona Del Mar	CA	92	625				
. Type of Committee Complete the applica	able sections							
Controlled Committee	candidate, or state measure proponent. If candida	te or officeholder c	ontrolled, als	o list the el	lective off	fice sought or held, an		
List the name of each controlling officeholder, district number, if any, and the year of the electrical party with which each officeholder.	candidate, or state measure proponent. If candidaction.  older or candidate is affiliated or check "nonpartisal trolled committee, list the name and identification in	n." Stating "No part number of the othe	ty preference	" is accepta	able.	fice sought or held, an		
List the name of each controlling officeholder, district number, if any, and the year of the electrist the political party with which each officeholder.	candidate, or state measure proponent. If candidaction.  older or candidate is affiliated or check "nonpartisal trolled committee, list the name and identification of the committee is a south the committee.	n." Stating "No part number of the othe	ty preference	" is accepta committee.		fice sought or held, an		
List the name of each controlling officeholder, district number, if any, and the year of the electrical party with which each officeholds this committee acts jointly with another con	candidate, or state measure proponent. If candidaction. older or candidate is affiliated or check "nonpartisal trolled committee, list the name and identification in ELECTIVE OFFICE SOUGH	n." Stating "No part number of the othe	ty preference r controlled o	" is accepta committee.	able. ARTY KKONE	fice sought or held, an		
List the name of each controlling officeholder, district number, if any, and the year of the electrist the political party with which each officehold this committee acts jointly with another con	candidate, or state measure proponent. If candidaction. older or candidate is affiliated or check "nonpartisal trolled committee, list the name and identification in ELECTIVE OFFICE SOUGH	n." Stating "No part number of the othe	ty preference r controlled o	" is accepta committee. PA CHEC	ARTY CK ONE Partisan			

SUPPORT

OPPOSE

INSTRUCTIONS ON REVERSE

FORM 410

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	and the state of t	1090 1 01
COMMITTEE NAME		I.D. NUMBER
Liberate Laguna PAC		1405838

inerace hagana ine				1405838
I. Type of Committee (Continued)		10000000000000000000000000000000000000		
General Purpose Committee  Not formed to sup  CITY Committee	port or oppose specific candidates or measures in COUNTY Committee	a single election. Chec		
OVIDE BRIEF DESCRIPTION OF ACTIVITY	The second secon			
To support and/or oppose candidates for office	ce in the City of Laguna Beach and ballot m	easures in the City	of Laguna Beac	h and/or nearby municipalit
Sponsored Committee List additional sponsors of	on an attachment.			
ME OF SPONSOR	INDUSTRY GROUP OR AFFILIATION OF	SPONSOR		
Liberate Laguna	Civic and social wel	fare organization		
REET ADDRESS NO. AND STREET	CITY	STATE	ZIP CODE	AREA CODE/PHONE
110 Broadway, Suite 200	Laguna Beach	CA	92651	(949)416-0847
Small Contributor Committee	1 - 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -			
Date quali	ified			

## 5. Termination Requirements

- · This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
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