

Statement of Organization  
Recipient Committee

Statement Type

☒ Initial

☐ Not yet qualified  
or

☒ Date qualified as committee

05 / 09 / 2018

☐ Amendment

☐ Termination - See Part 5

Date qualified as committee

Date of termination

RECEIVED AND FILED  
in the office of the Secretary of State  
of the State of California  
MAY 10 2018  
REGISTRAR OF VOTERS  
By R/JF Deputy

California FORM 410  
For Official Use Only  
MAY 18 2018

1. Committee Information

I.D. Number  
(if applicable)

2. Treasurer and Other Principal Officers

NAME OF COMMITTEE  
Liberate Laguna PAC

STREET ADDRESS (NO P.O. BOX)  
410 Broadway, Suite 200

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

MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)  
sowens@seowenscompany.com

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
Orange County, CA	City of Laguna Beach*

NAME OF TREASURER  
Stacy Owens

STREET ADDRESS (NO P.O. BOX)  
5940 College Ave, Suite F

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Oakland	CA	94618	(510) 423-4300

NAME OF ASSISTANT TREASURER, IF ANY  
Peter Sullivan

STREET ADDRESS (NO P.O. BOX)  
5940 College Ave, Suite F

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Oakland	CA	94618	(510) 423-4300

NAME OF PRINCIPAL OFFICER(S)  
Michael Ray

STREET ADDRESS (NO P.O. BOX)  
410 Broadway, Suite 200

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Laguna Beach	CA	92651	(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 5/9/2018 By [Signature]  
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**

Page 2 of 4

COMMITTEE NAME

Liberate Laguna PAC

I.D. NUMBER

## 2a. Additional Officers / Assistant Treasurers

NAME

Sam Goldstein

MAILING ADDRESS

410 Broadway, Suite 200

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
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NAME

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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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

Liberate Laguna PAC

I.D. NUMBER

- 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	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	CHECK ONE		PARTY
			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

Statement of Organization  
Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA  
FORM 410

Page 3 Page 4 of 4

I.D. NUMBER

COMMITTEE NAME

Liberate Laguna PAC

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 ☐ Political Party/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.

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

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.

Statement of Organization  
Recipient Committee

Statement Type ☒ Initial ☐ Amendment ☐ Termination – See Part 5

☐ Not yet qualified  
or

☒ Date qualified as committee

05 / 09 / 2018

Date qualified as committee

Date of termination

Date Stamp

RECEIVED

MAY 14 2018

City Clerk's Office  
City of Laguna Beach, CA

CALIFORNIA  
FORM

410

For Official Use Only

1. Committee Information

I.D. Number  
(if applicable)

NAME OF COMMITTEE

Liberate Laguna PAC

STREET ADDRESS (NO P.O. BOX)

410 Broadway, Suite 200

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Laguna Beach

CA

92651

(949) 416-0847

MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)

sowens@seowenscompany.com

COUNTY OF DOMICILE

Orange County, CA

JURISDICTION WHERE COMMITTEE IS ACTIVE

City of Laguna Beach

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Stacy Owens

STREET ADDRESS (NO P.O. BOX)

5940 College Ave, Suite F

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Oakland

CA

94618

(510) 423-4300

NAME OF ASSISTANT TREASURER, IF ANY

Peter Sullivan

STREET ADDRESS (NO P.O. BOX)

5940 College Ave, Suite F

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Oakland

CA

94618

(510) 423-4300

NAME OF PRINCIPAL OFFICER(S)

Michael Ray

STREET ADDRESS (NO P.O. BOX)

410 Broadway, Suite 200

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Laguna Beach

CA

92651

(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 5/9/2018  
DATE

By

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on  
DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on  
DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on  
DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

# Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA  
FORM **410**

Page 2 of 4

COMMITTEE NAME

Liberate Laguna PAC

I.D. NUMBER

## 2a. Additional Officers / Assistant Treasurers

NAME

Sam Goldstein

MAILING ADDRESS

410 Broadway, Suite 200

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

NAME

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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NAME

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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NAME

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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NAME

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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NAME

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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NAME

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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# Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA  
FORM 410

Page 2 Page 3 of 4

COMMITTEE NAME

Liberate Laguna PAC

I.D. NUMBER

- 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
2800 East Coast Hwy	Corona Del Mar	CA
		ZIP CODE
		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	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	CHECK ONE		PARTY
			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

Statement of Organization  
Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA  
FORM 410

Page 3 Page 4 of 4

I.D. NUMBER

COMMITTEE NAME

Liberate Laguna PAC

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 ☐ Political Party/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 municipalit

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

Liberate Laguna

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

Civic and social welfare 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

☐ \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
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.



Statement of Organization  
Recipient Committee

Statement Type

☐ Initial

☒ Amendment

☐ Termination -- See Part 5

☐ Not yet qualified

or

☐ Date qualified as committee

05 / 09 / 2018  
Date qualified as committee

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date of termination

RECEIVED

AUG 27 2018

City Clerk's Office  
City of Laguna Beach, CA

CALIFORNIA  
FORM

410

For Official Use Only

1. Committee Information

I.D. Number  
(if applicable)

1405838

NAME OF COMMITTEE

Liberate Laguna PAC

STREET ADDRESS (NO P.O. BOX)

410 Broadway, Suite 200

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Laguna Beach

CA

92651

(949) 416-0847

MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)

sowens@seowenscompany.com

COUNTY OF DOMICILE

Orange County, CA

JURISDICTION WHERE COMMITTEE IS ACTIVE

City of Laguna Beach

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Stacy Owens

STREET ADDRESS (NO P.O. BOX)

5940 College Ave, Suite F

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Oakland

CA

94618

(510) 423-4300

NAME OF ASSISTANT TREASURER, IF ANY

Peter Sullivan

STREET ADDRESS (NO P.O. BOX)

5940 College Ave, Suite F

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Oakland

CA

94618

(510) 423-4300

NAME OF PRINCIPAL OFFICER(S)

Michael Ray

STREET ADDRESS (NO P.O. BOX)

410 Broadway, Suite 200

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Laguna Beach

CA

92651

(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 8/22/2018  
DATE

By

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on  
DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on  
DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on  
DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

FPPC Form 410 (February 2018)

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

www.fppc.ca.gov

# Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA 410 FORM	
Page 2 of 5	I.D. NUMBER 1405838

## 2a. Additional Officers / Assistant Treasurers

NAME			
Sam Goldstein			
MAILING ADDRESS			
410 Broadway, Suite 200			
CITY	STATE	ZIP CODE	AREA CODE/PHONE
Laguna Beach	CA	92651	(949) 416-0847

NAME			
Cindy Shopoff			
MAILING ADDRESS			
410 Broadway, Suite 200			
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			
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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

CALIFORNIA  
FORM 410

Page 3 Page 4 of 5  
I.D. NUMBER

COMMITTEE NAME  
Liberate Laguna PAC

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 ☐ Political Party/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.

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR	INDUSTRY GROUP OR AFFILIATION OF SPONSOR	CITY	STATE	ZIP CODE	AREA CODE/PHONE
Liberate Laguna	Civic and social welfare organization	Laguna Beach	CA	92651	(949) 416-0847
STREET ADDRESS	NO. AND STREET				
410 Broadway, Suite 200					

Small Contributor Committee

☐ \_\_\_\_\_ / \_\_\_\_\_  
Date qualified

5. Termination Requirements

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COMMITTEE NAME

Liberate Laguna PAC

The committee officers have changed.

**Statement of Organization  
Recipient Committee**

Statement Type ☐ Initial ☒ Amendment ☐ Termination – See Part 5

☐ Not yet qualified  
or  
☐ Date qualified as committee 05 / 09 / 2018            /            /             
Date qualified as committee Date of termination

Date Stamp  
**RECEIVED**

**OCT 17 2018**

City Clerk's Office  
City of Laguna Beach, CA

**CALIFORNIA  
FORM 410**

For Official Use Only

**1. Committee Information**

**I.D. Number**  
(if applicable) 1405838

**2. Treasurer and Other Principal Officers**

NAME OF COMMITTEE

Liberate Laguna PAC

STREET ADDRESS (NO P.O. BOX)

4667 MacArthur Blvd. Suite 420

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Newport Beach

CA

92660

(949) 416-0847

MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)

sowens@seowenscompany.com

COUNTY OF DOMICILE

Orange County, CA

JURISDICTION WHERE COMMITTEE IS ACTIVE

City of Laguna Beach

NAME OF TREASURER

Stacy Owens

STREET ADDRESS (NO P.O. BOX)

5940 College Ave, Suite F

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Oakland

CA

94618

(510) 423-4300

NAME OF ASSISTANT TREASURER, IF ANY

Peter Sullivan

STREET ADDRESS (NO P.O. BOX)

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CITY

STATE

ZIP CODE

AREA CODE/PHONE

Oakland

CA

94618

(510) 423-4300

NAME OF PRINCIPAL OFFICER(S)

Michael Ray

STREET ADDRESS (NO P.O. BOX)

410 Broadway, Suite 200

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Laguna Beach

CA

92651

(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 10/9/2018  
DATE

By

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on             
DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on             
DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on             
DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

# Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA  
FORM **410**

Page 2 of 5

COMMITTEE NAME

Liberate Laguna PAC

I.D. NUMBER

1405838

## 2a. Additional Officers / Assistant Treasurers

NAME

Sam Goldstein

MAILING ADDRESS

410 Broadway, Suite 200

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

NAME

Cindy Shopoff

MAILING ADDRESS

410 Broadway, Suite 200

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
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NAME

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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NAME

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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CITY	STATE	ZIP CODE	AREA CODE/PHONE
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NAME

MAILING ADDRESS

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



# Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA  
FORM 410

Page 2 Page 3 of 5

COMMITTEE NAME

Liberate Laguna PAC

I.D. NUMBER

1405838

- 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
2800 East Coast Hwy	Corona Del Mar	CA
		ZIP CODE
		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	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	CHECK ONE		PARTY
			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

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

**CALIFORNIA  
FORM 410**

Page 3 Page 4 of 5

I.D. NUMBER

1405838

COMMITTEE NAME

Liberate Laguna PAC

**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** ☐ **Political Party/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.

**Sponsored Committee**

List additional sponsors on an attachment.

NAME OF SPONSOR

Liberate Laguna

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

Civic and social welfare 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**

☐

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
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.

**Additional Comments  
For Form 410**

ADDITIONAL COMMENTS

**CALIFORNIA  
FORM 410**

Page 5 of 5

**COMMITTEE NAME**

Liberate Laguna PAC

**I.D. NUMBER**

1405838

The committee address has changed.

**Statement of Organization  
Recipient Committee**

**Statement Type**

☐ Initial

☐ Not yet qualified  
or

☐ Date qualification threshold met

\_\_\_\_/\_\_\_\_/\_\_\_\_

☒ Amendment

Date qualification threshold met

05 / 09 / 2018

☐ Termination – See Part 5

Date of termination

\_\_\_\_/\_\_\_\_/\_\_\_\_

Date Stamp  
**RECEIVED**

**JUL 15 2019**

City Clerk's Office  
City of Laguna Beach, CA

**CALIFORNIA  
FORM**

**410**

For Official Use Only

**1. Committee Information**

**I.D. Number**  
(if applicable)

1405838

NAME OF COMMITTEE

Liberate Laguna PAC

STREET ADDRESS (NO P.O. BOX)

4667 MacArthur Blvd. Suite 420

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Newport Beach

CA

92660

(949) 416-0847

FULL MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)

filings@seowenscompany.com

COUNTY OF DOMICILE

Orange County, CA

JURISDICTION WHERE COMMITTEE IS ACTIVE

City of Laguna Beach

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER

Stacy Owens

STREET ADDRESS (NO P.O. BOX)

312 Clay St Suite 300

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Oakland

CA

94607

(510) 423-4300

NAME OF ASSISTANT TREASURER, IF ANY

Peter Sullivan

STREET ADDRESS (NO P.O. BOX)

312 Clay St Suite 300

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Oakland

CA

94607

(510) 423-4300

NAME OF PRINCIPAL OFFICER(S)

Michael Ray

STREET ADDRESS (NO P.O. BOX)

410 Broadway, Suite 200

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Laguna Beach

CA

92651

(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 6/20/2019  
DATE

By

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on  
DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on  
DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on  
DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

FPPC Form 410 (August/2018)

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

www.fppc.ca.gov

Statement of Organization  
Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA  
FORM 410

Page 2 of 4

COMMITTEE NAME

ID NUMBER

1405838

Liberate Laguna PAC

2a. Additional Officers / Assistant Treasurers

NAME				
Sam Goldstein				
MAILING ADDRESS				
CITY	STATE	ZIP CODE	AREA CODE/PHONE	
410 Broadway, Suite 200				
Laguna Beach	CA	92651	(949) 416-0847	
NAME				
Cindy Shopoff				
MAILING ADDRESS				
CITY	STATE	ZIP CODE	AREA CODE/PHONE	
410 Broadway, Suite 200				
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	

# Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA  
FORM **410**

Page 3 of 4

COMMITTEE NAME

Liberate Laguna PAC

I.D. NUMBER

1405838

- 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	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)

### 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



# Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA  
FORM 410

Page 4 of 4

COMMITTEE NAME

Liberate Laguna 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

Liberate Laguna

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

Civic and social welfare 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

☐ \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date qualified

## 5. Termination Requirements

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