

**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

Date Stamp

RECEIVED

APR 27 2020

City Clerk's Office
City of Laguna Beach, CA

**CALIFORNIA
FORM**

410

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1. Committee Information

I.D. Number
(if applicable)

NAME OF COMMITTEE

Larry Nokes for City Council 2020

STREET ADDRESS (NO P.O. BOX)

3149 Bonn Drive

CITY

Laguna Beach

STATE

CA

ZIP CODE

92651

AREA CODE/PHONE

949-376-3500

FULL MAILING ADDRESS (IF DIFFERENT)

1278 Glenneyre Street 285, Laguna Beach, CA 92651

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

nokesforcouncil2020@gmail.com

COUNTY OF DOMICILE

Orange

JURISDICTION WHERE COMMITTEE IS ACTIVE

City of Laguna Beach

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Anne McGraw

STREET ADDRESS (NO P.O. BOX)

1278 Glenneyre Street 285

CITY

Laguna Beach

STATE

CA

ZIP CODE

92651

AREA CODE/PHONE

949-683-7288

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

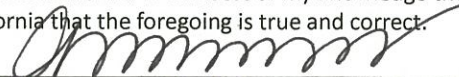
Attach additional information on appropriately labeled continuation sheets.

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 4/22/2020

By



SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 4/22/2020

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

Candidate Intention Statement

Check One: ☒ Initial ☐ Amendment (Explain) _____

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1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Nokes, Laurence P	DAYTIME TELEPHONE NUMBER (949) 376-3500	FAX NUMBER (optional) ()	EMAIL (optional) nokesforcouncil2020@gmail.com
STREET ADDRESS 3149 Bonn Drive	CITY Laguna Beach	STATE CA	ZIP CODE 92651
OFFICE SOUGHT (POSITION TITLE) City Council Member	AGENCY NAME City of Laguna Beach	DISTRICT NUMBER, if applicable.	<input checked="" type="checkbox"/> NON-PARTISAN OFFICE PARTY PREFERENCE: (Check one box, if applicable.)
OFFICE JURISDICTION <input type="checkbox"/> State (Complete Part 2.) <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County: _____ (Name of Multi-County Jurisdiction)	City of Laguna Beach	2020 (Year of Election)	<input checked="" type="checkbox"/> PRIMARY / GENERAL <input type="checkbox"/> SPECIAL / RUNOFF

2. State Candidate Expenditure Limit Statement:

(CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)

(Check one box)

☒ I accept the voluntary expenditure ceiling for the election stated above.

☐ I do not accept the voluntary expenditure ceiling for the election stated above.

Amendment:

☐ I did not exceed the expenditure ceiling in the primary or special election held on: ____/____/____ and I accept the voluntary expenditure ceiling for the general or special run-off election.

(Mark if applicable)

☐ On ____/____/____, I contributed personal funds in excess of the expenditure ceiling for the election stated above.

3. Verification:

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 04/22/2020
(month, day, year)

Signature


(Candidate)