

Statement of Organization
Recipient Committee

Statement Type

☐ Initial

☐ Not yet qualified
or

☐ Date qualification threshold met

☒ Amendment

Date qualification threshold met

08 / 10 / 2026

☐ Termination - See Part 5

Date of termination

RECEIVED AND FILED
in the Office of the Secretary of State
of the State of California

AUG 13 2026

CALIFORNIA
FORM 410

For Official Use Only

OCT 12 2026

BY: [Signature]

Laguna Beach

1. Committee Information		I.D. Number 1451226 (if applicable)		2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE Sue Kempf for Council 2026				NAME OF TREASURER Glenn Gray			
STREET ADDRESS (NO P.O. BOX) [Redacted]				CITY Laguna Beach		STATE CA	ZIP CODE 92651
STREET ADDRESS (NO P.O. BOX) [Redacted]				EMAIL ADDRESS OF TREASURER (REQUIRED) [Redacted]		AREA CODE/PHONE [Redacted]	
CITY Laguna Beach				STATE CA	ZIP CODE 92651	AREA CODE/PHONE [Redacted]	
FULL MAILING ADDRESS (IF DIFFERENT) P.O. Box 567 Laguna Beach, CA 92652				NAME OF ASSISTANT TREASURER, IF ANY			
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL) [Redacted]				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
Attach additional information on appropriately labeled continuation sheets.				EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED) [Redacted]			
				NAME OF PRINCIPAL OFFICER(S) Sue Kempf			
				STREET ADDRESS (NO P.O. BOX) [Redacted]		CITY Laguna Beach	STATE CA
				EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED) [Redacted]		AREA CODE/PHONE [Redacted]	

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 10, 2026 By [Signature]
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on August 10, 2026 By [Signature]
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

Sue Kempf for Council 2026

I.D. NUMBER

1451226

- All committees must list the financial institution where the campaign bank account is located and the person(s) authorized to obtain bank records.

NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RECORDS

US Bank

AREA CODE/PHONE

949.541.3846

BANK ACCOUNT NUMBER

[REDACTED]

ADDRESS OF FINANCIAL INSTITUTION

229 Broadway Street

CITY

Laguna Beach

STATE

CA

ZIP CODE

92651

4. Type of Committee, campaign or applicable elections.

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

Sue Kempf	Laguna Beach City Council	2026	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 ☐