

Laguna Beach

Statement of Organization Recipient Committee

Statement Type

☐ Initial

☐ Not yet qualified
or

☐ Date qualification threshold met

☒ Amendment

Date qualification threshold met

08 / 03 / 2022

☐ Termination – See Part 5

Date of termination

Date Stamp

CALIFORNIA
FORM

410

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

For Official Use Only

OCT 12 2026

AUG 17 2026

BY:

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1. Committee Information		I.D. Number 1450234 (if applicable)		2. Treasurer and Other Principal Officers	
NAME OF COMMITTEE Citizens For Laguna's Future a Committee Against Measure E				NAME OF TREASURER Barbara Bowler	
STREET ADDRESS (NO P.O. BOX) [REDACTED]				STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE [REDACTED] Laguna Beach CA 92651	
CITY STATE ZIP CODE AREA CODE/PHONE Laguna Beach CA 92651 [REDACTED]				EMAIL ADDRESS OF TREASURER (REQUIRED) [REDACTED] AREA CODE/PHONE [REDACTED]	
FULL MAILING ADDRESS (IF DIFFERENT) [REDACTED]				NAME OF ASSISTANT TREASURER, IF ANY [REDACTED] CITY STATE ZIP CODE	
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL) [REDACTED]				EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED) [REDACTED] AREA CODE/PHONE [REDACTED]	
COUNTY OF DOMICILE Orange		JURISDICTION WHERE COMMITTEE IS ACTIVE City of Laguna Beach		NAME OF PRINCIPAL OFFICER(S) Joy Dittbener	
[REDACTED]				STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE [REDACTED] Laguna Beach CA 92651	
[REDACTED]				EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED) [REDACTED] AREA CODE/PHONE [REDACTED]	
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 8/12/26 By [REDACTED]
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

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I.D. NUMBER
1450234

CITIZENS FOR LAGUNA'S FUTURE A COMMITTEE AGAINST MEASURE E

- 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 Barbara Bowler		AREA CODE/PHONE 800-872-2657	BANK ACCOUNT NUMBER [REDACTED]	
ADDRESS OF FINANCIAL INSTITUTION 229 Broadway St.	CITY Laguna Beach	STATE CA	ZIP CODE 92651	

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	
Measure E An Ordinance to Establish	City of Laguna Beach (Orange County, CA)	SUPPORT	OPPOSE ✓
Term Limits for City Council Members		SUPPORT	OPPOSE