

Recipient Committee Campaign Statement – Short Form

SEE INSTRUCTIONS ON REVERSE

For use by recipient committees that have not received a contribution or other receipt that must be itemized, have not received or made loans, and have no outstanding accrued expenses.

Statement covers period
from 09-20-2026
through 10-17-2026

Date of election if applicable:
(Month, Day, Year)

11-03-2026

SHORT FORM

Date Stamp
RECEIVED
OCT 23 2026
City Clerk's Office
City of Laguna Beach, CA

CALIFORNIA FORM 450

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For Official Use Only

1. Type of Recipient Committee:

- ☐ Ballot Measure Committee
☐ Primarily Formed
☐ Controlled
☐ Sponsored
- ☐ General Purpose Committee
☐ Sponsored
☒ Small Contributor Committee
- ☐ Primarily Formed Candidate/
Officeholder Committee

2. Type of Statement:

- ☒ Pre-election Statement
☐ Semi-annual Statement
☐ Termination Statement
- ☐ Quarterly Statement
☐ Special Odd-year Report

☐ Amendment (Explain) _____
(Also check type of statement you are amending)

3. Committee Information

I.D. NUMBER
1455392

COMMITTEE NAME

Advocates for Laguna Residents

STREET ADDRESS (NO P.O. BOX)

[REDACTED]

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Laguna Beach	CA	92651	[REDACTED]

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

[REDACTED]

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Laguna Beach	CA	92652	

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Alan Boinus

MAILING ADDRESS

[REDACTED]

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Laguna Beach	CA	92652	[REDACTED]

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

[REDACTED]

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing 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 10-22-2026
DATE

By [REDACTED]
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Digitally signed by Alan N Boinus
Date: 2026.10.22 21:13:03 -07'00'

Executed on _____
DATE

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT, OR RESPONSIBLE OFFICER OF SPONSOR

Executed on _____
DATE

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on _____
DATE

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Recipient Committee Campaign Statement Summary Page

Amounts may be rounded
to whole dollars.

SHORT FORM

Statement covers period from 09-20-2026 through 10-17-2026		CALIFORNIA FORM 450 Page <u>2</u> of <u>3</u>

NAME OF COMMITTEE

Advocates for Laguna Residents

I.D. NUMBER

1455392

Expenditures Made

1. Expenditures of \$100 or more made this period	\$ 302.67
2. Expenditures under \$100 made this period (Not itemized.)	149.03
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD <i>Add Lines 1 + 2</i>	\$ 451.70
4. Nonmonetary Adjustment..... <i>From Line 8 Below</i>	0
5. Total expenditures made from previous statement <i>Previous Summary Page, Line 6</i> <i>(If this is the first statement for the calendar year, enter zero.)</i>	\$ 1280.60
6. TOTAL EXPENDITURES MADE TO DATE <i>Add Lines 3 + 4 + 5</i>	\$ 1732.30

Contributions Received

7. Monetary contributions received this period.....	\$ 50
8. Non-monetary contributions received this period.....	0
9. Total contributions received from previous statement <i>Previous Summary Page, Line 10</i> <i>(If this is the first statement for the calendar year, enter zero.)</i>	\$ 1720.84
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE <i>Add Lines 7 + 8 + 9</i>	\$ 1770.84

Current Cash Statement

11. Beginning cash balance <i>Previous Summary Page, Line 15</i>	\$ 330.58
12. Cash receipts this period..... <i>Line 7 above</i>	50
13. Miscellaneous increases to cash	\$ 0
14. Cash expenditures this period..... <i>Line 3 above</i>	451.70
15. ENDING CASH BALANCE THIS PERIOD <i>Add Lines 11 + 12 + 13, then subtract Line 14</i>	\$ -71.12

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NAME OF COMMITTEE

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I.D. NUMBER

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5. Payments Made *(If more space is needed, use additional copies of this page for continuation sheets.)*

DATE*	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF PAYMENT	NAME OF CANDIDATE AND OFFICE OR NAME OF BALLOT MEASURE AND BALLOT NUMBER OR LETTER AND JURISDICTION	AMOUNT THIS PERIOD	CUMULATIVE AMOUNTS TO DATE*
9/23/26	City of Laguna Beach; 505 Forest Avenue; Laguna F	Bal. due 9/15/26 Forum	N/A ☐ Support ☐ Oppose ☐ Contribution ☐ Ind. Exp.	\$302.67	Calendar Year \$ 807.87 Other \$ _____
			☐ Support ☐ Oppose ☐ Contribution ☐ Ind. Exp.		Calendar Year \$ _____ Other \$ _____
			☐ Support ☐ Oppose ☐ Contribution ☐ Ind. Exp.		Calendar Year \$ _____ Other \$ _____
SUBTOTAL \$ 302.67					

* Required only for payments which are contributions or independent expenditures.