

Statement of Organization
Recipient Committee

Type or print in ink

STATEMENT OF ORGANIZATION

CALIFORNIA
FORM 410

Date Stamp

2012 AUG 27 AM 7:02

For Official Use Only

OFFICE OF
THE CITY CLERK
CITY OF NEWPORT BEACH

Statement Type

☐ Initial

Not yet qualified ☐ or

☒ Amendment

List I.D. number:

1223479

5, 12, 00

Date qualified as committee
(if applicable)

☐ Termination - See Part 5

List I.D. number:

#

Date of Termination

Date qualified as committee

1. Committee Information

NAME OF COMMITTEE

STOP THE DUNES HOTEL

STREET ADDRESS (NO P.O. BOX)

305 Morning Star Lane

CITY

Newport Beach

STATE

CA

ZIP CODE

92660

AREA CODE/PHONE

949 394 2040

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE

ORANGE

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT
THAN COUNTY OF DOMICILE

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

BEAT ORLIG

STREET ADDRESS

305 Morning Star Lane

CITY

Newport Beach

STATE

CA

ZIP CODE

92660

AREA CODE/PHONE

949 394 2040

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE

MAILING ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

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 Aug 4th 2012
DATE

Executed on
DATE

Executed on
DATE

Executed on
DATE

By [Signature]
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

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

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

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