

**Statement of Organization
Recipient Committee**

Statement Type

Initial
Not yet qualified or

Amendment

List I.D. number:

1364694

04 / 04 / 2014

Date qualified as committee
(If applicable)

Termination - See Part 5

List I.D. number:

Date of Termination

RECEIVED Date Stamp 2014 JUL 31 PM 2:37	CALIFORNIA FORM 410 For Official Use Only
OFFICE OF THE CITY CLERK CITY OF NEWPORT BEACH	

1. Committee Information

NAME OF COMMITTEE

Scott Peotter for City Council 2014

STREET ADDRESS (NO P.O. BOX)

2618 San Miguel Drive, Suite 535

CITY STATE ZIP CODE AREA CODE/PHONE

Newport Beach CA 92660 (949)250-7118

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS

949 250-7116 scott@peotter.com

COUNTY OF DOMICILE

Orange

JURISDICTION WHERE COMMITTEE IS ACTIVE

City of Newport Beach

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Joh Fugatt

STREET ADDRESS (NO P.O. BOX)

14311 Riveria Drive

CITY STATE ZIP CODE AREA CODE/PHONE

Huntington Beach CA 92647 (714)404-6081

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

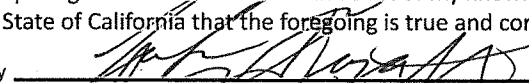
NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

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 7/31/14 By  SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 7.31.14 By  SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME Scott Peotter for City Council 2014	I.D. NUMBER 1364694
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- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION Wells Fargo	AREA CODE/PHONE (949)675-5159	BANK ACCOUNT NUMBER	
ADDRESS 3600 East Coast Highway	CITY Corona Del Mar	STATE CA	ZIP CODE 92625

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."
- 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
Scott Peotter	Newport Beach City Council District 6	2014	<input checked="" type="checkbox"/> Nonpartisan
			<input type="checkbox"/> Nonpartisan

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)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>