

**Statement of Organization
Recipient Committee**

Statement Type

Initial

Not yet qualified or

Amendment

List I.D. number:

1369133

08 / 13 / 2014

Date qualified as committee

Date qualified as committee
(if applicable)

Termination - See Part 5

List I.D. number:

Date of Termination

| | |
|---|-------------------------------|
| RECEIVED Date Stamp 2014 OCT 14 AM 8:17 OFFICE OF THE CITY CLERK CITY OF NEWPORT BEACH | CALIFORNIA FORM 410 |
| | For Official Use Only |

1. Committee Information

NAME OF COMMITTEE

"Newport Votes NO on Y, with Major Funding by Audrey Steele

Burnand, a concerned citizen against more growth and traffic

STATE ZIP CODE AREA CODE/PHONE

in Newport Beach"

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE

JURISDICTION WHERE COMMITTEE IS ACTIVE

2. Treasurer and Other Principal Officers

NAME OF TREASURER

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

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

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 10/14/2014

DATE

By

Audrey Steele

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on _____

DATE

By _____

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____

DATE

By _____

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____

DATE

By _____

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT