Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp

RECEIVED

N 20 AM 11: 23

Statement covers period		Date of election if applicable: (Month, Day, Year)	Page __1__ of __4__
from __7-1-15__			For Official Use Only
through __12-31-15__		N/A	

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- ☐ Officeholder, Candidate Controlled Committee
  - ○ State Candidate Election Committee
  - ○ Recall
  - *(Also Complete Part 5)*
- ☑ General Purpose Committee
  - ○ Sponsored
  - ○ Small Contributor Committee
  - ○ Political Party/Central Committee

- ☐ Primarily Formed Ballot Measure Committee
  - ○ Controlled
  - ○ Sponsored
  - *(Also Complete Part 6)*
- ☐ Primarily Formed Candidate/ Officeholder Committee
  - *(Also Complete Part 7)*

2. Type of Statement:

- ☐ Preelection Statement
- ☐ Semi-annual Statement
- ☐ Termination Statement
  - (Also file a Form 410 Termination)
- ☐ Amendment (Explain below)

- ☐ Quarterly Statement
- ☐ Special Odd-Year Report
- ☐ Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO 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) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
Bert Ohlig

MAILING 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

MAILING ADDRESS

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 and in the attached schedules 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 __Jan. 16, 2016__ Date

By _____
Signature of Treasurer or Assistant Treasurer

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

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
State of California

Campaign Disclosure Statement
Summary Page

Amounts may be rounded to whole dollars.

Statement covers period

from _7-1-15_

through _12-31-15_

CALIFORNIA FORM 460

Page _2_ of _4_

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

STOP THE DUNES HOTEL

I.D. NUMBER

_1223479_

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	$ 1.00	$ 1.00
2. Loans Received	Schedule B, Line 3	—	—
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	$ —	$ —
4. Nonmonetary Contributions	Schedule C, Line 3	—	—
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	$ 1.00	$ 1.00

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contributions Received	$	$
21. Expenditures Made	$	$

Expenditures Made

6. Payments Made	Schedule E, Line 4	$ 50.00	$ 130.00
7. Loans Made	Schedule H, Line 3	—	—
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	$ 50.00	$ 130.00
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	—	—
10. Nonmonetary Adjustment	Schedule C, Line 3	—	—
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	$ 50.00	$ 130.00

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
__/__/__	$
__/__/__	$

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	$ 16,736.37
13. Cash Receipts	Column A, Line 3 above	1.00
14. Miscellaneous Increases to Cash	Schedule I, Line 4	—
15. Cash Payments	Column A, Line 8 above	50.00
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	$ 16,687.37

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2	$ —

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

*Amounts in this section may be different from amounts reported in Column B.

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	$ —
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	$ —

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Schedule E
Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period	CALIFORNIA FORM **460**
from _7-1-15_	
through _12-31-15_	Page _3_ of _4_

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

STOP THE DUNES HOTEL

I.D. NUMBER

1223479

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Secretary of State	Other		Filing fee to Sec of State	50.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL $ 50.00

Schedule E Summary

1. Payments made this period of $100 or more. (Include all Schedule E subtotals.) .... $ 50.00

2. Unitemized payments made this period of under $100 .... $ —

3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) .... $ —

4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) .... TOTAL $ 50.00

Schedule A
Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period

from _7-1-15_

through _12-31-15_

CALIFORNIA FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER _STOP THE DUMB HOTEL_

I.D. NUMBER
_1223479_

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/15		○ IND ○ COM ○ OTH ○ PTY ○ SCC				
		○ IND ○ COM ○ OTH ○ PTY ○ SCC				
		○ IND ○ COM ○ OTH ○ PTY ○ SCC				
		○ IND ○ COM ○ OTH ○ PTY ○ SCC				
		○ IND ○ COM ○ OTH ○ PTY ○ SCC				

SUBTOTAL $

Schedule A Summary

1. Amount received this period – contributions of $100 or more.
   (Include all Schedule A subtotals.) .... $ _____

2. Amount received this period – unitemized contributions of less than $100 .... $ _1.12_

3. Total monetary contributions received this period.
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) .... TOTAL $ _1.12_

*Contributor Codes
IND – Individual
COM – Recipient Committee
      (other than PTY or SCC)
OTH – Other
PTY – Political Party
SCC – Small Contributor Committee