

**Statement of Organization  
Recipient Committee**

Type or print in ink

STATEMENT OF ORGANIZATION

Statement Type  Initial  
 Not yet qualified  or  
 \_\_\_\_\_  
 Date qualified as committee

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

**RECEIVED**  
 Date Stamp  
 2008 OCT -7 AM 9:53  
 OFFICE OF  
 THE CITY CLERK  
 CITY OF NEWPORT BEACH

**CALIFORNIA FORM 410**  
 For Official Use Only

**1. Committee Information**

NAME OF COMMITTEE  
STOP THE DUNES HOTEL

STREET ADDRESS (NO P.O. BOX)  
10 1724 Highland Dr.

CITY STATE ZIP CODE AREA CODE/PHONE  
Newport Beach, CA 92660

MAILING ADDRESS (IF DIFFERENT)  
Same

OPTIONAL: FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE  
Orange

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE  
N/A

Attach additional information on appropriately labeled continuation sheets.

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER  
SUSAN Caustin

STREET ADDRESS  
10 1724 Highland Dr.

CITY STATE ZIP CODE AREA CODE/PHONE  
Newport Beach, CA 92660

NAME OF ASSISTANT TREASURER, IF ANY  
N/A

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

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

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 10-4-08  
 DATE

Executed on \_\_\_\_\_  
 DATE

Executed on \_\_\_\_\_  
 DATE

Executed on \_\_\_\_\_  
 DATE

By Susan Caustin  
 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