

Statement of Organization  
Recipient Committee

Type or print in ink

Statement Type

☐ Initial

Not yet qualified ☐ or

☒ Amendment

List I.D. number:

# 1223479

5,12,00

Date qualified as committee  
(if applicable)

Date qualified as committee

RECEIVED

Termination - See Part 5  
List number: 2011 AUG 18 AM 8:59

OFFICE OF  
THE CITY CLERK  
CITY OF NEWPORT BEACH

RECEIVED AND FILE  
In the office of the Secretary of State  
of the State of California

AUG 03 2011

DEBRA BOWEN  
Secretary of State

STATEMENT OF ORGANIZATION

CALIFORNIA  
FORM 410

For Official Use Only

AUG 05 2011

CLERK OF VOTERS

Deputy

1. Committee Information

NAME OF COMMITTEE

STOP THE DUNES HOTEL

STREET ADDRESS (NO P.O. BOX)

2042 PORT PROVENCE PLACE

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NEWPORT BEACH, CA 92660

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE

Orange County

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

SUSAN SKINNER

STREET ADDRESS (NO P.O. BOX)

2042 PORT PROVENCE PLACE

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NEWPORT BEACH, CA 92660

NAME OF ASSISTANT TREASURER, IF ANY

949-466-2072

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

4/10/11 Amended 7-31-11

DATE

Executed on

DATE

Executed on

DATE

Executed on

DATE

By

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