

**Statement of Organization  
Recipient Committee**

10# 1397105

Statement Type  Initial  
Not yet qualified  or

Amendment  
List I.D. number:

Termination - See Part 5  
List I.D. number:

06 / 14 / 2017  
Date qualified as committee

# \_\_\_\_\_  
Date qualified as committee  
(If applicable)

# \_\_\_\_\_  
Date of Termination

Date Stamp	<b>CALIFORNIA FORM 410</b>
<b>RECEIVED</b>	For Official Use Only
2017 JUN 26 AM 9:31	
OFFICE OF THE CITY CLERK CITY OF NEWPORT BEACH	

**1. Committee Information**

NAME OF COMMITTEE  
Newport Beach Residents Against Recalling Councilman Peotter

STREET ADDRESS (NO P.O. BOX)  
17512 Von Karman Avenue

CITY <u>Irvine</u>	STATE <u>CA</u>	ZIP CODE <u>92614</u>	AREA CODE/PHONE <u>(949) 474-0242</u>
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MAILING ADDRESS (IF DIFFERENT)  
455 Capitol Mall, Suite 600 Sacramento, CA 95814

FAX / E-MAIL ADDRESS  
fppc@bmhlaw.com

COUNTY OF DOMICILE <u>Orange County</u>	JURISDICTION WHERE COMMITTEE IS ACTIVE <u>Newport Beach</u>
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**2. Treasurer and Other Principal Officers**

NAME OF TREASURER  
Ken Low

STREET ADDRESS (NO P.O. BOX)  
17512 Von Karman Avenue

CITY <u>Irvine</u>	STATE <u>CA</u>	ZIP CODE <u>92614</u>	AREA CODE/PHONE <u>(949) 474-0242</u>
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NAME OF ASSISTANT TREASURER, IF ANY  
Paula Carrigan

STREET ADDRESS (NO P.O. BOX)  
17512 Von Karman Avenue

CITY <u>Irvine</u>	STATE <u>CA</u>	ZIP CODE <u>92614</u>	AREA CODE/PHONE <u>(949) 474-0242</u>
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NAME OF PRINCIPAL OFFICER(S)  
Ken Low, Principal Officer

STREET ADDRESS (NO P.O. BOX)  
17512 Von Karman Avenue

CITY <u>Irvine</u>	STATE <u>CA</u>	ZIP CODE <u>92614</u>	AREA CODE/PHONE <u>(949) 474-0242</u>
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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 <u>6/14/2017</u> DATE	By <u>Ken Low</u> 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

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Newport Beach Residents Against Recalling Councilman Peotter

I.D. NUMBER

Applied For

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION California Bank & Trust	AREA CODE/PHONE (213) 228-1709	BANK ACCOUNT NUMBER [REDACTED]
ADDRESS 550 South Hope Street, Suite 100	CITY Los Angeles	STATE CA
		ZIP CODE 90071

**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
			<input 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
Recall of Councilman Scott Peotter	City of Newport Beach		<input checked="" type="checkbox"/>
		SUPPORT	OPPOSE

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**CALIFORNIA  
FORM 410**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Newport Beach Residents Against Recalling Councilman Peotter

Page 3 of 3

I.D. NUMBER

Applied For

**4. Type of Committee** (Continued)

**General Purpose Committee**

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

CITY Committee     COUNTY Committee     STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

**Sponsored Committee**

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

**Small Contributor Committee**

\_\_\_\_\_  
Date qualified

**5. Termination Requirements** By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
  - This committee does not anticipate receiving contributions or making expenditures in the future;
  - This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
  - This committee has no surplus funds; and
  - This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
- Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.