

**Statement of Organization  
Recipient Committee**

Statement Type  Initial  Amendment  Termination – See Part 5  
 Not yet qualified or  Date qualified as committee \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date qualified as committee  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date of termination

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 CITY OF NEWPORT BEACH

CALIFORNIA FORM 410  
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**1. Committee Information** I.D. Number 123479 (if applicable)  
**2. Treasurer and Other Principal Officers**

NAME OF COMMITTEE  
 Newport 1st, sponsored by Citizens Against High Rise Towers

STREET ADDRESS (NO P.O. BOX)  
 2042 Port Provence Place

CITY STATE ZIP CODE AREA CODE/PHONE  
 Newport Beach CA 92660 949-640-2006

MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE

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 949-640-2006

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)  
 Susan Skinner

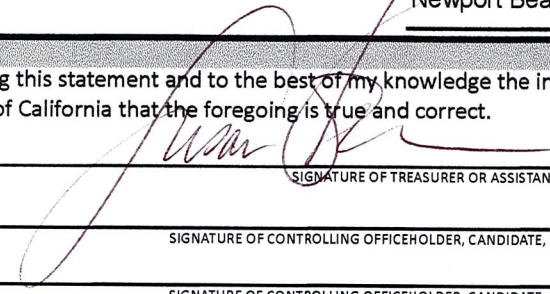
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Attach additional information on appropriately labeled continuation sheets.

**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 2-18-16 By  SIGNATURE OF TREASURER OR ASSISTANT TREASURER  
 Executed on \_\_\_\_\_ By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT  
 Executed on \_\_\_\_\_ By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT  
 Executed on \_\_\_\_\_ By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT