

# Statement of Organization Recipient Committee

## Statement Type

☐ Initial

Not yet qualified ☐ or

☒ Amendment

List I.D. number:

# 1396027

☐ Termination - See Part 5

List I.D. number:

#

\_\_\_\_\_  
Date qualified as committee

04 / 12 / 2017  
Date qualified as committee  
(If applicable)

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

Date Stamp <b>RECEIVED</b> 2018 FEB 16 PM 3:36 OFFICE OF THE CITY CLERK CITY OF NEWPORT BEACH	<b>CALIFORNIA FORM 410</b> For Official Use Only
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## 1. Committee Information

NAME OF COMMITTEE

Protecting Newport's Future - a Committee Opposing Scott Peotter for Council

STREET ADDRESS (NO P.O. BOX)

2042 Port Provence

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

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS

seskiner@me.com

COUNTY OF DOMICILE

Orange

JURISDICTION WHERE COMMITTEE IS ACTIVE

Newport Beach

## 2. Treasurer and Other Principal Officers

NAME OF TREASURER

Susan Skinner

STREET ADDRESS (NO P.O. BOX)

2042 Port Provence

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
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NAME OF PRINCIPAL OFFICER(S)

Susan Skinner

STREET ADDRESS (NO P.O. BOX)

2062 Port Provence Place

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

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 2-16-18  
DATE

By

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

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COMMITTEE NAME

Protecting Newport's Future - a Committee Opposing Scott Peotter for Council

I.D. NUMBER

1396027

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

NAME OF FINANCIAL INSTITUTION

Union bank

AREA CODE/PHONE

949-644-3800

BANK ACCOUNT NUMBER

ADDRESS

CITY

STATE

ZIP CODE

1666 San Miguel Dr., Newport Beach, CA 92660

## 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

☐ Nonpartisan

☐ 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

Scott Peotter

City Council Member: Newport Beach District 6

SUPPORT

OPPOSE

X

SUPPORT

OPPOSE

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COMMITTEE NAME

Protecting Newport's Future - a Committee Opposing Scott Peotter for Council

I.D. NUMBER

1396027

**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.