

**Statement of Organization  
Recipient Committee**

Statement Type  Initial  Amendment  Termination - See \_\_\_\_\_

Not yet qualified or  Date qualified as committee

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date qualified as committee \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date of termination

**RECEIVED**  
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CITY OF NEWPORT BEACH

**CALIFORNIA FORM 410**  
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**1. Committee Information** I.D. Number 1396027 (if applicable) **2. Treasurer and Other Principal Officers**

NAME OF COMMITTEE  
Protecting Newport's Future: A committee opposing Peotter, Muldoon and Duffield for Newport Beach City Council November 2018.

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)  
susanskinner949@gmail.com

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE  
Orange Newport Beach

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

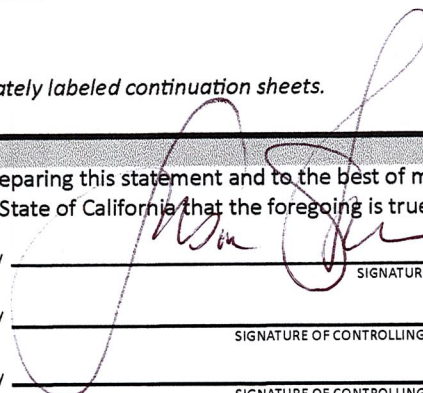
STREET ADDRESS (NO P.O. BOX)  
2042 Port Provence Place

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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 5-17-2018 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

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME  
Protecting Newport's Future: A committee opposing Peotter, Muldoon and Duffield for Newport Beach City Council November 2018

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 [REDACTED]	
ADDRESS 1666 San Miguel Dr.	CITY Newport Beach	STATE CA	ZIP CODE 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." Stating "No party preference" is acceptable.
- 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	CHECK ONE		PARTY (list political party below)
			Nonpartisan	Partisan	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

**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) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
Scott Peotter	City Council Newport Beach District 6	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Kevin Muldoon, Marshall Duffield	City Council Newport Beach, District 4 and 3	<input type="checkbox"/>	<input checked="" type="checkbox"/>