1. Committee Information

NAME OF COMMITTEE
Newport Votes No on General Plan Amendment

STREET ADDRESS (NO P.O. BOX)
10 Wild Goose Court

CITY
Newport Beach
STATE
CA
ZIP CODE
92663
AREA CODE/PHONE
(949)612-7521

MAILING ADDRESS (IF DIFFERENT)

FAX / EMAIL ADDRESS
medjkraus@yahoo.com

COUNTY OF Domicile
Orange

JURISDICTION WHERE COMMITTEE IS ACTIVE
City of Newport Beach

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Dorothy Kraus

STREET ADDRESS (NO P.O. BOX)
10 Wild Goose Court

CITY
Newport Beach
STATE
CA
ZIP CODE
92663
AREA CODE/PHONE
(949)612-7521

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY
STATE
ZIP CODE
AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

Dorothy Kraus

STREET ADDRESS (NO P.O. BOX)
10 Wild Goose Court

CITY
Newport Beach
STATE
CA
ZIP CODE
92663
AREA CODE/PHONE
(949)612-7521

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 07/30/2014 By Dorothy Kraus

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

FPPC Form 410 (Dec/2012)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
**Statement of Organization**
**Recipient Committee**

**INSTRUCTIONS ON REVERSE**

**COMMITTEE NAME**
Newport Votes No on General Plan Amendment

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

<table>
<thead>
<tr>
<th>NAME OF FINANCIAL INSTITUTION</th>
<th>AREA CODE/PHONE</th>
<th>BANK ACCOUNT NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Bank Account Yet, Awaiting Ok of Committee Name</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Address: 
- City: 
- State: 
- Zip Code: 

**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.

<table>
<thead>
<tr>
<th>NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROponent</th>
<th>ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)</th>
<th>YEAR OF ELECTION</th>
<th>PARTY</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td></td>
<td></td>
<td>Nonpartisan</td>
</tr>
</tbody>
</table>

- **Primarily Formed Committee** Primarily formed to support or oppose specific candidates or measures in a single election. List below:

<table>
<thead>
<tr>
<th>CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)</th>
<th>CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)</th>
<th>CHECK ONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amendment of the Newport Beach General Plan</td>
<td>City of Newport Beach is the jurisdiction</td>
<td>SUPPORT</td>
</tr>
</tbody>
</table>

*No Measure yet.*