

**Statement of Organization
Recipient Committee**

30

Type or print in ink

Statement Type Initial

Not yet qualified or

Amendment

List I.D. number:

1223479

1/1/1
Date qualified as committee

5, 12, 00
Date qualified as committee
(if applicable)

Termination (See Part 4)

List I.D. number:

OFFICE OF THE CITY CLERK
CITY OF NEWPORT BEACH
Date of Termination

RECEIVED

Date Stamp

RECEIVED AND FILED
in the office of the Secretary of State of California

OCT 14 2008

DEBRA BOWRE
Secretary of State

STATEMENT OF ORGANIZATION
CALIFORNIA FORM 410
For Official Use Only
OCT 17 2008
REGISTRAR OF VOTERS
Deputy

1. Committee Information

NAME OF COMMITTEE

STOP THE DUNES HOTEL

STREET ADDRESS (NO P.O. BOX)

10 1724 Highland Dr.

CITY STATE ZIP CODE AREA CODE/PHONE

Newport Beach, CA 92660

MAILING ADDRESS (IF DIFFERENT)

Same

OPTIONAL: FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE

Orange

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE

N/A

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

SUSAN Caustin

STREET ADDRESS

10 1724 Highland Dr.

CITY STATE ZIP CODE AREA CODE/PHONE

Newport Beach, CA 92660

NAME OF ASSISTANT TREASURER, IF ANY

N/A

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE

N/A

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

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 10-4-08
DATE

By Susan Caustin
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