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OFFICE OF THE CITY CLERK CITY OF NEWPORT BEACH

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

SEE INSTRUCTIONS ON REVERSE

COVER PAGE

CALIFORNIA 2001/02 FORM 460

Page 1 of 2

For Official Use Only

Statement covers period from 1-1-11 through 6-30-11

Date of election if applicable: (Month, Day, Year)

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- ☐ Officeholder, Candidate Controlled Committee
  - ○ State Candidate Election Committee
  - ○ Recall
  - *(Also Complete Part 5)*
- ☒ General Purpose Committee
  - ○ Sponsored
  - ○ Small Contributor Committee
  - ○ Political Party/Central Committee
- ☐ Primarily Formed Ballot Measure Committee
  - ○ Controlled
  - ○ Sponsored
  - *(Also Complete Part 5)*
- ☐ Primarily Formed Candidate/ Officeholder Committee *(Also Complete Part 7)*

2. Type of Statement:

- ☐ Preelection Statement
- ☐ Semi-annual Statement
- ☐ Termination Statement (Also file a Form 410 Termination)
- ☐ Amendment (Explain below)
- ☐ Quarterly Statement
- ☐ Special Odd-Year Report
- ☐ Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

STOP THE DUNES HOTEL

STREET ADDRESS (NO P.O. BOX)

2042 Port Provence Place

CITY STATE ZIP CODE AREA CODE/PHONE

Newport Beach, CA 92660

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

JUAN Skinner

MAILING ADDRESS

2042 Port Provence Place

CITY STATE ZIP CODE AREA CODE/PHONE

Newport Beach, CA 92660 949-466-2072

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules 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 7-31-11 (Date)

By Juan Skinner (Signature of Treasurer or Assistant Treasurer)

Executed on ____ (Date)

By ____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor)

Executed on ____ (Date)

By ____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent)

Executed on ____ (Date)

By ____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent)

Campaign Disclosure Statement
Summary Page

Type or print in ink.
Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period
from 1-1-11
through 6-30-11

CALIFORNIA FORM 460

Page 2 of 2

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
STOP THE DUNES HOTEL

I.D. NUMBER
1223479

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	$	$ 1.00
2. Loans Received	Schedule B, Line 3		
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	$	$
4. Nonmonetary Contributions	Schedule C, Line 3		
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	$	$ 1.00

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contributions Received	$	$
21. Expenditures Made	$	$

Expenditures Made

6. Payments Made	Schedule E, Line 4	$	$
7. Loans Made	Schedule H, Line 3		
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	$	$
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3		
10. Nonmonetary Adjustment	Schedule C, Line 3		
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	$	$

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
__/__/__	$
__/__/__	$

*Amounts in this section may be different from amounts reported in Column B.

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	$ 18,506.27
13. Cash Receipts	Column A, Line 3 above	
14. Miscellaneous Increases to Cash	Schedule I, Line 4	1.00
15. Cash Payments	Column A, Line 8 above	
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	$ 18,507.27

If this is a termination statement, Line 16 must be zero.

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2	$ —

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	$ —
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	$ —