

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

CALIFORNIA  
2001/02  
FORM

460

Page 1 of 2

For Official Use Only

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Date Stamp

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OFFICE OF  
THE CITY CLERK

Statement covers period

from 1-1-12

through 6-30-12

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

SEE INSTRUCTIONS ON REVERSE

**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 6)
- ☐ 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

Susan Skinner

MAILING ADDRESS

2042 Port Provence Place 949-466-2072

CITY STATE ZIP CODE AREA CODE/PHONE

Newport Beach, CA 92660

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 7-15-12  
Date

Executed on \_\_\_\_\_  
Date

Executed on \_\_\_\_\_  
Date

Executed on \_\_\_\_\_  
Date

By \_\_\_\_\_  
Signature of Treasurer or Assistant Treasurer

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

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 <u>1-1-12</u> through <u>6-30-12</u>	CALIFORNIA FORM <b>460</b> Page <u>2</u> of <u>2</u> I.D. NUMBER <u>1223479</u>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

STOP THE DUNES HOTEL

## Contributions Received

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

## 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	\$ <u>                    </u>	\$ <u>                    </u>
21. Expenditures Made	\$ <u>                    </u>	\$ <u>                    </u>

## Expenditures Made

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

## 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
<u>      </u> / <u>      </u> / <u>      </u>	\$ <u>                    </u>
<u>      </u> / <u>      </u> / <u>      </u>	\$ <u>                    </u>

## Current Cash Statement

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

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

17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 2	\$ <u>                    </u>
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## Cash Equivalents and Outstanding Debts

18. Cash Equivalents ..... See instructions on reverse	\$ <u>                    </u>
19. Outstanding Debts ..... Add Line 2 + Line 9 in Column B above	\$ <u>                    </u>

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).

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