

Statement of Organization
Recipient Committee

Type or print in ink

STATEMENT OF ORGANIZATION

Statement Type

☐ Initial

Not yet qualified ☐ or

☒ Amendment

List I.D. number:

1223479

5, 12, 00

Date qualified as committee

Date qualified as committee
(if applicable)

☐ Termination - See Part 5

List I.D. number:

#

Date of Termination

RECEIVED

Date Stamp

2012 DEC -3 AM 10:11

CITY OF
NEWPORT BEACH

CALIFORNIA
FORM 410

For Official Use Only

1. Committee Information

NAME OF COMMITTEE

STOP THE OLIVES HOTEL

STREET ADDRESS (NO P.O. BOX)

305 Morning Star Lane

CITY STATE ZIP CODE AREA CODE/PHONE

Newport Beach, CA 92660 949-394-2040

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT
THAN COUNTY OF DOMICILE

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

BERT OKLIG

STREET ADDRESS (NO P.O. BOX)

305 Morning Star Lane

CITY STATE ZIP CODE AREA CODE/PHONE

Newport Beach, CA 92660 949-394-2040

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

BERT OKLIG

STREET ADDRESS (NO P.O. BOX)

305 Morning Star Lane

CITY STATE ZIP CODE AREA CODE/PHONE

Newport Beach, CA 92660 949-394-2040

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 11/29/2012
DATE

Executed on
DATE

Executed on
DATE

Executed on
DATE

By [Signature]
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT