

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

<p>Date Stamp <b>RECEIVED</b> 2013 JAN 23 AM 10:56 OFFICE OF THE CITY CLERK CITY OF NEWPORT BEACH</p>	<p>CALIFORNIA 2001/02 FORM</p>	<p>460</p>
	<p>Page <u>1</u> of <u>3</u></p>	
<p>For Official Use Only</p>		

<p>Statement covers period from <u>7-1-12</u> through <u>12-31-12</u></p>	<p>Date of election if applicable (Month, Day, Year) <u>N/A</u></p>
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SEE INSTRUCTIONS ON REVERSE

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

- |   |  |
|---|--|
| <p><input type="checkbox"/> Officeholder, Candidate Controlled Committee<br/> <input type="radio"/> State Candidate Election Committee<br/> <input type="radio"/> Recall<br/> <small>(Also Complete Part 5)</small></p> <p><input checked="" type="checkbox"/> General Purpose Committee<br/> <input type="radio"/> Sponsored<br/> <input type="radio"/> Small Contributor Committee<br/> <input type="radio"/> Political Party/Central Committee</p> | <p><input type="checkbox"/> Primarily Formed Ballot Measure Committee<br/> <input type="radio"/> Controlled<br/> <input type="radio"/> Sponsored<br/> <small>(Also Complete Part 6)</small></p> <p><input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee<br/> <small>(Also Complete Part 7)</small></p> |
|---|--|

**2. Type of Statement:**

- |  |  |
|--|--|
| <p><input type="checkbox"/> Preelection Statement<br/> <input type="checkbox"/> Semi-annual Statement<br/> <input type="checkbox"/> Termination Statement<br/> <small>(Also file a Form 410 Termination)</small><br/> <input type="checkbox"/> Amendment (Explain below)</p> | <p><input type="checkbox"/> Quarterly Statement<br/> <input type="checkbox"/> Special Odd-Year Report<br/> <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495</p> |
|--|--|

**3. Committee Information**

I.D. NUMBER

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO 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 949-394-2040

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  
BERT OLIVE

MAILING ADDRESS  
305 Morning Star Lane

CITY STATE ZIP CODE AREA CODE/PHONE  
Newport Beach, CA 949-394-2040

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.

X Executed on 2013.1.16  
Date

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

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

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

X By [Signature]  
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

**Schedule E  
Payments Made**

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

Statement covers period from <u>7-1-12</u> through <u>12-31-12</u>	CALIFORNIA FORM <b>460</b>
Page <u>2</u> of <u>3</u>	I.D. NUMBER <u>1223479</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

JDDP TIDE OWNERS HOTEL

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<u>Robert Hawkins 110 Newport Center Dr. Newport Beach, CA 92660</u>	<u>PRO</u>	<u>Fees associated with filing legal action re Duques Hotel</u>	<u>4059.<sup>00</sup></u>

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$**

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ <u>4059.<sup>00</sup></u>
2. Unitemized payments made this period of under \$100	\$ <u>-</u>
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ <u>-</u>
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	<b>TOTAL \$</b> <u>4059.<sup>00</sup></u>

**Campaign Disclosure Statement  
Summary Page**

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

SUMMARY PAGE

Statement covers period from <u>7-1-12</u>	<b>CALIFORNIA FORM 460</b>
through <u>12-31-12</u>	
Page <u>3</u> of <u>3</u>	
I.D. NUMBER <u>1223479</u>	

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>4059.<sup>02</sup></u>	\$ <u>30 4059.<sup>02</sup></u>
7. Loans Made ..... Schedule H, Line 3	<u>          </u>	<u>          </u>
8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7	\$ <u>4059.<sup>02</sup></u>	\$ <u>4059.<sup>02</sup></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>4059.<sup>02</sup></u>	\$ <u>4059.<sup>02</sup></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>

**Current Cash Statement**

12. Beginning Cash Balance ..... Previous Summary Page, Line 16	\$ <u>18,507.<sup>27</sup></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>4059.<sup>02</sup></u>
16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>14,448.<sup>27</sup></u>

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).

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

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

**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>