Statement of C Recipient Com	-				REDatestan	√ED	CALIFORM FORM	^{NIA} 410
Statement Type	☐ Initial Notyetqualified 🕱 or	Amendment List I.D. number:	List I.D. number:	n – See Part 5	2014 SEP 15 A	M 9:21	For Offi	cial Use Only
		#1369645	#		OFFICE OF THE CITY CLE	: 'RK		
	Date qualified as committee	Date qualified as committee (If applicable)	Date of Term	/	CITY OF NEWPORT	REACH		
1. Committee Information 2. Treasurer and Other Principal Officers NAME OF COMMITTEE NAME OF TREASURER Newport Beach Residents for Traffic Reduction and Strong Neighborhoods, the General Plan Update 2014, Yes on Y Yes STREET ADDRESS (NO PO, BOX) STREET ADDRESS (NO PO, BOX)								
3848 Campus Driv				STREET ADDRESS (NO P.O.BOX) 360 E. 1st St.,	#736			
CITY Newport Beach, C	STATE	ZIP CODE AREA CODE/P		CITY		STATE	ZIP CODE	AREA CODE/PHONE
Newport Beach, CA 92660 714-921-1181 MAILING ADDRESS (IF DIFFERENT)				Tustin, CA 92 NAME OF ASSISTANT TREASURE				714-368-0260
FAX / E-MAIL ADDRESS			5	TREET ADDRESS (NO P.O. BOX)				
COUNTY OF DOMICILE	JURISDICTION WHE	RE COMMITTEE IS ACTIVE		CITY		STATE	ZIP CODE	AREA CODE/PHONE
Orange	Newport E	Beach						
			1	NAME OF PRINCIPAL OFFICER(S)				
			-	Steve Rosansky				
Attach additional information on appropriately labeled continuation sheets.			s	STREET ADDRESS (NO P.O. BOX) 3848 Campus Driv	e, Suite 218			
			-	СІТҮ		STATE	ZIP CODE	AREA CODE/PHONE
			-	Newport Beach,	CA 92660			714-921-1181
3. Verification		an an an an an ann an an an an an an an	میں بر ایک اس میں مالک میں پیشند کا انتظام کا معالی کا انتظام کا معالی کا انتظام کا ا					

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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.

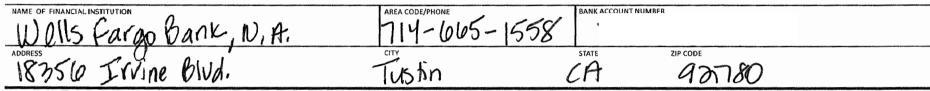
Executed on	9-11-14	By Phyring Schrador
Executed on	DATE	SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed off	DATE	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on	DATE	By
Executed on		Ву
	DATE	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

FPPC Form 410 (Dec/2012) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Statement of Organization **Recipient Committee** INSTRUCTIONS ON REVERSE

COMMITTEE NAME I.D. NUMBER Newport Beach Residents for Traffic Reduction and Strong Neighborhoods, Yes on the General Plan Update 2014, Yes on Y 1369645

All committees must list the financial institution where the campaign bank account is located.



4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
			Nonpartisan
			Nonpartisan

Primarily Formed Committee Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)		CHECK ONE	
Newport Beach General Plan Update 2014 Measure Y	Newport Beach	SUPPORT	OPPOSE	
			OPPOSE	

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CALIFORNIA 410

FORM

2 of 3

Statement of Organization Recipient Committee INSTRUCTIONS ON REVERSE	CALIFORNIA FORM 410				
COMMITTEE NAME Newport Beach Residents for Traffic Reduction and Strong Neighborhoods, Yes on the General Plan Update 2014, Yes on Y	1.D. NUMBER 1369645				
4. Type of Committee (Continued)					
General Purpose Committee Not formed to support or oppose specific candidates or measures in a single election. Check only one box:					
PROVIDE BRIEF DESCRIPTION OF ACTIVITY	1				
Sponsored Committee List additional sponsors on an attachment.					
NAME OF SPONSOR INDUSTRY GROUP OR AFFILIATION OF SPONSOR					
STREET ADDRESS NO. AND STREET CITY STATE ZIP CODE					
Small Contributor Committee					
 5. Termination Requirements By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met: This committee has ceased to receive contributions and make expenditures; 					

- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
 - -- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
 - -- Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.