				COVER PAGE
Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	Type or print in i	ink. REC	Date Stamp	CALIFORNIA 460 2001/02 FORM
SEE INSTRUCTIONS ON REVERSE	Statement covers period from1 January 2014 through30 September 2014	Date of election if applicable: (Month, Day, Year) 2() 4  NDV 4 November 2014	-3 PM 1:04	Page 1 of 26
1. Type of Recipient Committee: All Committees - Co	omolete Parts 1, 2, 3, and 4,	2. Type of Statement:	HOL OF	
<ul> <li>Officeholder, Candidate Controlled Committee</li> <li>State Candidate Election Committee</li> <li>Recall</li> <li>(Also Complete Part 5)</li> <li>General Purpose Committee</li> <li>Sponsored</li> <li>Small Contributor Committee</li> </ul>	Ballot Measure Committee Primarily Formed Controlled Sponsored (Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	Preelection Statement     Semi-annual Statement     Termination Statement     X Amendment (Explain below <u>Contributor Name correct</u>	) Sp	arterly Statement ecial Odd-Year Report ppiemental Preelection atement - Attach Form 495
	D. NUMBER 1369133	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER		
Newport Votes NO on Y, with Major Funding by	Audrey Steele Burnand, a	Dorothy Kraus		
concerned citizen against more growth and traff		MAILING ADDRESS		
5		10 Wild Goose Court		
STREET ADDRESS (NO P.O. BOX)		CITY		CODE AREA CODE/PHONE
10 Wild Goose Court		Newport Beach	CA 926	663 949.612.7521
CITY STATE ZIP C		NAME OF ASSISTANT TREASURER,	IF ANY	
Newport Beach CA 9266		NA		•
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O.	BOX	MAILING ADDRESS		
PO Box 15725	ODE AREA CODE/PHONE	CITY	STATE ZIP	CODE AREA CODE/PHONE
CITY STATE ZIP C Newport Beach CA 9265		Unit.	SIALE ZIP	CODE AREA CODE/FROME
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS		******

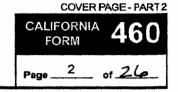
## 4. Verification

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 Date	By
Executed on Date	BySignature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor
Executed on	By
Executed on	By Signature of Controlling Officeholder, Candidate, State Measure Proponent FPPC Form 460 (June/01 FPPC Toll-Free Helpline: 866/ASK-FPP

ю State of California Type or print in ink.

# Recipient Committee Campaign Statement Cover Page — Part 2



#### 5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY

STATE ZIP

#### Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

COMMITTEE NAME	I.D. NUMBER				
NAME OF TREASURER	CONTROLLED	COMMITTEE?			
	YES	D NO			
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO	X)	***************************************			

CITY	STATE	ZIP CODE		AREA CODE/PHONE
COM MITTEE NAME		I.E	. NUMBER	
NAME OF TREASURER		C		
COMMITTEE ADDRESS	STREET ADDRESS (N	D P.O. BOX)		
CITY	STATE	ZIP CODE		AREA CODE/PHONE

### 6. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	SUPPORT
Υ	Newport Beach, CA	COPPOSE

#### Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY

# 7. Primarily Formed Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	

Attach continuation sheets if necessary

FPPC Form 460 (JuneO1) FPPC Toll-Free Helpline: 866/ASK-FPPC State of California

Campaign Disclosure Statement Summary Page	A	Type or print in ink. mounts may be round to whole dollars.	ed	from	ment covers period 1 January 2014	CALIFORNIA FORM 460
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Newport Votes NO on Y, with Major Funding by Audrey Steele Bi	urn	and, a concerned citi	zen	Linough	30 September 2014 and traffic, et al.	Page 3 of 26
Contributions Received		COLUMNA TOTAL THIS PERIOD (FROMATTACHED SCHEDULES)		Column B CALENDAR YEAR TOTAL TO DATE	Running in Both th	e State Primary and
1. Monetary Contributions       Schedule A, Line 3         2. Loans Received       Schedule B, Line 3         3. SUBTOTAL CASH CONTRIBUTIONS       Add Lines 1 + 2         4. Non monetary Contributions       Schedule C, Line 3         5. TOTAL CONTRIBUTIONS RECEIVED       Add Lines 3 + 4	\$	38,461.21 0.00 38,461.21 1,446.95 39,908.16	\$ \$	38,461.21 0.00 38,461.21 1,446.95 39,908.16	General Elections 1/1 to 20. Contributions Received \$ 21. Expenditures Made \$	hrough 6/30 7/1 to Date 0.00 \$ 38,461.21 0.00 \$ 17,406.81
Expenditures Made         6. Payments Made       Schedule E, Line 4         7. Loans Made       Schedule H, Line 3         8. SUBTOTAL CASH PAYMENTS       Add Lines 5 + 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	\$	0.00 17,406.81 0.00 1,446.95	\$ \$	17,406.81 0.00 17,406.81 0.00 1,446.95 18,853.76	Candidates 22. Cumulativ	Summary for State
Current Cash Statement         12. Beginning Cash Balance         13. Cash Receipts         14. Miscellaneous Increases to Cash         15. Cash Payments         Column A, Line 3 above         16. ENDING CASH BALANCE         Add Lines 12 + 13 + 14, then subtract Line 15         If this is a termination statement, Line 16 must be zero.         17. LOAN GUARANTEES RECEIVED         Schedule B, Part 2         Cash Equivalents and Outstanding Debts	\$	38,461.21 0.00 17,406.81 21,054.40 0.00	ar cc frc re C fig su fig su fo ca frc	o calculate Column B, add nounts in Column A to the presponding amounts om Column B of your last port. Some amounts in olumn A may be negative gures that should be ubtracted from previous eriod amounts. If this is e first report being filed r this calendar year, only any over the amounts om Lines 2, 7, and 9 (if ny).	///////	\$
18. Cash Equivalents       See instructions on reverse         19. Outstanding Debts       Add Line 2 + Line 9 in Column B above		0.00			<b>БРРС Т</b>	FPPC Form 460 (June/01) oll-Free Helpline: 866/ASK-FPPC

Schedule A Monetary Contributions Received		Amount	or print in Ink. s may be rounded whole dollars.	Statement cov from1 Janua	ers period ary 2014 CALIFORNIA 460				
SEE INSTRUCTION	NS ON REVERSE			through30 S	ept 2014	Page	4 of 26		
NAME OF FILER	ME OF FILER I.D. NUMBER I.D. NUMBER I.D. NUMBER I.D. NUMBER I.D. NUMBER I.D. NUMBER								
DATE RECEIVED	FULL NAME, STREET ADD RESS AND ZIP CODE OF CONTRIBUTOR (FCOMMITTEE, ALSO ENTERLD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTERNAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TODATE (IF REQUIRED)		
08.21.14	AirFair	IND COM OTH PTY SCC		5,000.00	5,000	.00	5,000.00		
09.10.14	Dr. Gloria Alkire		Retired	800.00	800.00		800.00		
09.10.14	Allari, Nancy		Self-Employed Maple Bros Industrial Co	200.00	200.00		200.00		
09.08.14	Allen, Virginia		Retired	100.00	100	0.00	100.00		
09.10.14	Allen, Barry		Retired	500.00	500	0.00	500.00		
			SUBTOTAL	\$ 6,600.00		ee h			
1. Amount re	A Summary eceived this period – itemized monetary contributions. Il Schedule A subtotals.)		\$		IND COI	(othe	ial ient Committee r than PTY or SCC)		
	eceived this period — unitemized monetary contribution	is of less than	\$100 \$	2,011.21	PT	-Politica			
	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Colu	umn A, Line 1.	) TOTAL \$	38,461.21			Contributor Committee		

	A (Continuation Sheet) Contributions Received	Type or prin Amounts may to whole o urnand, a con	be rounded Iollars.	Statement cove from <u>1 Janua</u> through <u>30 Septe</u> growth and traffic,	ny 2014 mber 2014	FC	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IFCOMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (FSELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
08.21.14	Ardell, Jean		Self-Employed Author/Writer	100.00	100.00		100.00
08.19.14	Baker, Dennis		Retired	500.00	500.00		500.00
09.11.14	Bartram, Bruce	DIND COM OTH PTY SCC	Attorney Law Offices of Bruce Bartram	100.00	100.00		100.00
09.10.14	Beek, Allan		Retired	200.00	200.00		200.00
09.11.14	Bonja, Marcara		Retired	2,500.00	2,500	.00	2,500.00
			SUBTOTAL	\$ 3,400.00		dio.	

\*Contributor Codes IND -- Individual COM -- Recipient Committee (other than PTY or SCC) OTH -- Other (e.g., business entity) PTY -- Political Party SCC -- Small Contributor Committee

An A		Type or prir Amounts may to whole d	be rounded loilars.	through 30 Septe	mber 2014	SCHEDULE A (CONT.) CALIFORNIA FORM 460 Page 6 of 26 I.D. NUMBER 1369133		
DATE	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTERID. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTERNAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	D DATE	PERELECTION TO DATE (IF REQUIRED)	
09.26.14	Brown, Bart		Retired	100.00	100.00		100.00	
09.26.14	Cannes, Seychelle	DIND COM OTH PTY SCC	Retired	100.00	100.00		100.00	
09.18.14	Carlson, Karen		Retired	100.00	100.00		100.00	
09.10.14	Carr, Christine		Retired	500.00	500.00		500.00	
09.09.14	Clark, Karen	ØIND □COM □OTH □PTY □SCC	Retired	100.00	100	0.00	100.00	
			SUBTOTAL	\$ 900.00		an a		

\*Contributor Codes IND — Individual COM - Recipient Committee (other than PTY or SCC) OTH - Other (e.g., business entity) PTY - Political Party SCC - Small Contributor Committee

Monetary	A (Continuation Sheet) Contributions Received	Type or prin Amounts may to whole o	be rounded Iollars.	through <u>30 Septe</u>	ry 2014 mber 2014	CALIF FO	
DATE	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTERLD, NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IFSELFEMPLOYED, ENTER NAME OFBUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	FEAR	PER ELECTION TO DATE (IF REQUIRED)
09.16.14	Mrs. Shannon Clark	ØIND □COM □OTH □PTY □SCC	Physician - Matthew Houston Clark, MD	100.00	100	.00	100.00
09.09.14	Cook, Elisabeth	ØIND □COM □OTH □PTY □SCC	Retired	100.00	100	0.00	100.00
09.10.14	Cook, Christine	DIND COM OTH PTY SCC	Retired	200.00	200	0.00	200.00
09.23.14	Cool, Bill		Retired	100.00	100	0.00	100.00
08.29.14	Cork, Frances		Retired	150.00	150	0.00	150.00
			SUBTOTAL	\$ 650.00		1. S. A	いた際間

\*Contributor Codes IND -- Individual COM -- Recipient Committee (ofter than PTY or SCC) OTH -- Other (e.g., business entity) PTY -- Political Party SCC -- Small Contributor Committee

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772) ,

	A (Continuation Sheet) Contributions Received	Type or prin Amounts may in to whole d	be rounded Iollars.	through 30 Septe	ry 2014 mber 2014	4 Page 3 of 20 LD. NUMBER 1369133					
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (F SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR 1 (JAN. 1 - DEC	D DATE	PER ELECTION TO DATE (IF REQUIRED)				
09.22.14	Davis, Maybert	DIND COM DOTH PTY SCC	Retired	100.00	100.00		100.00		100.00		100.00
09.11.14	Fischer, Cheryl		Realtor - Berkshire Hathaway	100.00	100.00		100.00				
09.08.14	Fourcher, Adriana	ØIND □COM □OTH □PTY □SCC	Stay at Home Mom	100.00	100.00		100.00				
09.26.14	Fraser, David		Retired	100.00	100.00		100.00				
09.09.14	Gold, Diana	ØIND □COM □OTH □PTY □SCC	Self-Employed - Pacific Grove Corp	100.00	100	0.00	100.00				
			SUBTOTAL	<b>\$</b> 500.00	1. Second						

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FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

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Ionetary	A (Continuation Sheet) Contributions Received	Type or prin Amounts may to whole o	be rounded Iollars.	Statement cove from <u>1 Janua</u> through <u>30 Septe</u> growth and traffic,	ry 2014 ember 2014	CALIFC FOF Page I.D. NUME 136913	9 of 26
DATE RECEIVED	FULL NAME, STREET ADDR ESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTERILD, NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER ()F SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YI (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)
08.21.14	Gwin, Patty		Retired	150.00	150.	.00	150.00
09.27.14	Hallett, Elizabeth		Retired	100.00	100.	.00	100.00
09.10.14	Harvey, Barbro	DIND COM OTH PTY SCC	Retired	250.00	250.	.00	250.00
09.24.14	Hayden, Charles	DIND COM OTH PTY SCC	Retired	100.00	100	.00	100.00
08.31.14	Hill, Tevis	DIND COM OTH PTY SCC	Retired	500.00	500	.00	500.00
•	· · · · · · · · · · · · · · · · · · ·		SUBTOTAL	\$ 1,100.00	1925 Capping St.		

\*Contributor Codes IND — Individual COM -- RecipientCommittee (other than PTY or SCC) OTH -- Other (e.g., business entity) PTY -- Political Party SCC -- Small Contributor Committee

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	A (Continuation Sheet) Contributions Received	Type or prin Amounts may to whole d	be rounded	Statement covers period from1 January 2014 through30 September 2014			SCHEDULEA (CONT.) FORNIA 460 DRM 460		
AME OF FILER Newport Vo	tes NO on Y, with Major Funding by Audrey Steele Bu	Imand, a cond	cerned citizen against more g	prowth and traffic, e	et al.	1.D. NUM 13691			
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTERID, NUMBER)	CONTRIBUTOR CODE +	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR 1 (JAN, 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)		
09.18.14	Hilliard, Richard		Insurance Sales - Hillard & Associates	100.00	100.00		100.00		100.00
09. <b>1</b> 0.14	Holmes, Jaine		Accountant - Singer Lewak	200.00	200.00		200.00		
09.10.14	Houston, LT	ØIND □COM □OTH □PTY □SCC	Self-Employed - Financial Benefits Group	250.00	250.00		250.00		
09.21.14	Hyson, Ruth Ann		Retired	750.00	750.00		750.00		
09.05.14	Inouye, Shannon		Retired	100.00	100	0.00	100.00		
			SUBTOTAL	\$ 1,400.00		4.9 142			

\*Contributor Codes IND – Individual COM – Recipient Committee (other than PTY or SCC) OTH – Other (e.g., business entity) PTY – Political Party SCC – Small Contributor Committee

	A (Continuation Sheet) Contributions Received	Type or prin Arnounts may to whole o	be rounded	Statement cove from <u>1 Janua</u> through <u>30 Septe</u>	ry 2014	CALIFORNIA 46 FORM 46 Page 11 of 26			
	tes NO on Y, with Major Funding by Audrey Steele B	umand, a con	cerned citizen against more	growth and traffic,	et al.	13691			
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTERID. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	Amount Received This Period	CUMULATIVE TO CALENDAR ( JAN. 1 - DEC	EAR	PER ELECTION TODATE (IF REQUIRED)		
09.12.14	Jeffries, George		Retired	500.00	500.00		500.00		500.00
09.23.14	Jennings, Joseph		Retired	100.00	100.00		100.00		
09.11.14	Johnson, MC		Retired	100.00	100.00		100.00		
09.14.14	Karsten, Heahter	DIND COM OTH PTY SCC	Owner/CEO - Magnolia Homes	100.00	100.00		100.00		
09.28.14	Kenowsky, Ann		Retired	100.00	100	).00	100.00		
			SUBTOTAL	\$ 900.00					

\*Contributor Codes IND – Individual COM – Recipient Committee (other than PTY or SCC) OTH – Other (e.g., business entity) PTY – Political Party SCC – Small Contributor Committee

MEOF FILER	A (Continuation Sheet) Contributions Received	eceived Amounts may be rounded to whole dollars.		Statement covers period from 1 January 2014 through 30 September 2014			SCHEDULE A (CONT.) FORNIA 460 DRM 460				
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR	CONTRIBUTOR	ICEINED CITIZEN AGAINST MORE IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER OF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	growth and traffic, AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	'EAR	33 PER ELECTION TO DATE (IF REQUIRED)				
08.15.14	Kraus, Dorothy		Retired	500.00	500.00		500.00		500.00		500.00
09.18.14	Lang, Betty Jane		Retired	100.00	100.00		100.0				
09.10.14	Litke, Mildred		Retired	100.00	100	.00	100.0				
09.19.14	Logan, Caroline		Retired	100.00	100	0.00	100.0				
09.11.14	McCarthey, Maureen		Retired	1,500.00	1,500	0.00	1,500.0				
			SUBTOTAL	\$ 2,300.00							

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FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

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Monetary	A (Continuation Sheet) Contributions Received	Type or prin Amounts may to whole o	be rounded Ioliars.	through 30 Septe	ry 2014 mber 2014	CALIFORNIA 460 FORM 460 Page 13 of 26 I.D. NUMBER 1369133	
DATE	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTERID, NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-ENPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	D DATE (EAR	PER ELECTION TO DATE (IF REQUIRED)
09.12.14	McCauley, Joan		Retired	100.00	100.00		100.00
09 <b>.10</b> .14	McCutchan, Maureen		Retired	100.00	100.00		100.00
09.12.14	Mears, Sue		Retired	250.00	250.00		250.00
09.10.14	Meister-Boyd, Anita		Retired	250.00	250.00		250.00
08.22.14	Mosher, James		Retired	750.00	750	0.00	750.00
			SUBTOTAL	.\$ 1,450.00	1993年1993日		and the part

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Monetary	A (Continuation Sheet) Contributions Received	Type or prin Amounts may to whole of Surnand, a col	be rounded Iollars.	through 30 Septe	ember 2014		MBER		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IFCOMMITTEE, ALSO ENTERILD, NUMBER)	1	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELFEMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR \ (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)		
09.08.14	Nichols, Patricia	COM COM OTH PTY SCC	Retired	5,000.00	5,000.00		5,000.00		5,000.00
09.10.14	Price, Joe	IND     COM     OTH     PTY     SCC	Retired	150.00	150.00		150.00		
09.03.14	Randali, Frank	DIND COM OTH PTY SCC	Retired	500.00	500.00		500.00		
09.14.14	Rhodes, Winifred		Retired	100.00	100.00		100.00		
09.10.14	Lynne Riddle		Retired	100.00	100	0.00	100.00		
			SUBTOTAL	.\$ 5,850.00	Mr. A.				

\*Contributor Codes IND -- Individuat COM -- Recipient Committee (other than PTY or SCC) OTH -- Other (e.g., business entity) PTY -- Political Party SCC -- Small Contributor Committee

Schedule	A (Continuation Sheet)	Type or prin					SCHEDULE A (CONT.)				
Monetary	Contributions Received		Amounts may be rounded to whole dollars.		rs period ry 2014	CALIFORNIA FORM 460					
				through 30 Septe	mber 2014	Page	15 of 26				
NAME OF FILER Newport Vo	otes NO on Y, with Major Funding by Audrey Steele E	Burnand, a cor	ncerned citizen against more	growth and traffic,	et al.	I.D. NUI 13691					
DATE RECEIVED			IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (FSELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	/EAR	PER ELECTION TODATE (IF REQUIRED)				
09.08.14	Riley, Richard		Retired	100.00	100.00		100.00		100.00		100.00
09.01.14	Rosener, Judy		Retired	100.00	100.00		100.00				
09.02.14	Rowland, Joan		Homemaker	250.00	250.00		250.00				
09.18.14	Rubino, Ronald		Owner - Webplex, Inc.	100.00	1 00.00		100.00				
08.31.14	Scholle, Robert	ZIND COM OTH PTY SCC	Executive - Scholle Corporation	100.00	100	0.00	100.00				
			SUBTOTAL	\$ 650.00	C CARENCE	6. j. N					

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	A (Continuation Sheet) Contributions Received	Type or prin Amounts may to whole d	be rounded	Statement covers period from1 January 2014		CALIFORNIA FORM 460					
ME OF FILER	otes NO on Y, with Major Funding by Audrey Steele E	Burnand, a con	ncerned citizen against more	through <u>30 Septe</u> growth and traffic,		Page_ } 1.D. NUME 136913					
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTERI, D, NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)				
08.20.14	Seely, Melinda		Retired	500.00	500.00		500.00		500.00		500.00
09.15.14	Shelton, Robert	IND COM OTH PTY SCC	Retired	500.00	500	.00	500.00				
09.04.14	Singelyn, Lillian		Retired	100.00	100.00		100.00				
09.09.14	SKL Investments - Steve Leonard		Corporate Contribution	2,000.00	2,000	.00	2,000.00				
08.21.14	Smiley, Jackie		Travel Agent - Altour	100.00	100	.00	100.00				
			SUBTOTAL	\$ 3,200.00	N. Sector						

\*Contributor Codes IND-Individual COM - Recipient Committee (other than PTY or SCC) OTH - Other (e.g., business entity) PTY - Political Party SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received		Type or print in ink. Amounts may be rounded to whole dollars.		Statement covers period from 1 January 2014 through 30 September 2014		SCHEDULEA (CONT CALIFORNIA FORM 460 Page _ 1 _ of _ 26 I.D. NUMBER 1369133					
DATE	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR 1 (JAN. 1 - DEC	D DATE	PER ELECTION TO DATE (IF REQUIRED)				
09.26.14	Smith, Alexandra		Self-Employed - Alexandra Smith , CPA	100.00	100.00		100.00		100.00		100.00
09.24.14	Smith, Michael	ØIND □COM □OTH □PTY □SCC	Retired	500.00	500.00		500.00		500.00		
09.25.14	Stahr, John	DIND COM OTH PTY SCC	Retired	500.00	500.00		500.00				
09.10.14	Stevens, Debbie		Consultant - Environmental Audit, Inc.	100.00	100.00		100.00		100.00		
08.29.14	Swanson, Vikki		Self-Employed - Corporation Financial Consultant	250.00	250	0.00	250.00				
			SUBTOTAL	.\$ 1,450.00	、臺灣國際		sign of the				

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\*Contributor Codes IND -- Individual COM -- Recipient Committee (other than PTY or SCC) OTH -- Other (e.g., business entity) PTY -- Political Party SCC -- Small Contributor Committee

	A (Continuation Sheet)	Type or prin		SCHEDULE A (CONT.)							
Monetary	Contributions Received	Amounts may to whole c		Statement cover from1 Janua	ry 2014	CALIFORNIA FORM 460					
				through 30 Septe	mber 2014	Page_	18, of 24				
NAME OF FILER Newport V	otes NO on Y, with Major Funding by Audrey Steele	Burnand, a co	ncerned citizen against more	growth and traffic	et al.	13691					
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)				
08.19.14	The Timothy Bryan Stoaks Trust	☐IND ☐COM ☐OTH ☐PTY ☐SCC	Project Manager - Allergan	500.00	500.00		500.00		500.00		500.00
09.25.14	Torell, Kay	ØIND □COM □OTH □PTY □SCC	Retired	250.00	250.00		250.00		250.00		
09.28.14	Turner, Sue		Retired	500.00	500.00		500.00				
09.10.14	Vanasse, Alma		Retired	100.00	100.00		100.00				
09.10.14	Virtue, Dolores	DIND COM OTH PTY SCC	Retired	250.00	250	0.00	250.00				
			SUBTOTAL	\$ 1,600.00	a contract						

\*Contributor Codes IND – Individual COM – Recipient Committee (other than PTY or SCC) OTH – Other (e.g., business entity) PTY – Political Party SCC – Small Contributor Committee

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	thre			Statement cove from 1 Janua through 30 Septe	ry 2014	SCHEDULEA (CONT.) CALIFORNIA 460 FORM 460 Page. 19_ of_ 26_ I.D. NUMBER			
Newport V	otes NO on Y, with Major Funding by Audrey Steele	Burnand, a co	oncerned citizen against more	e growth and traffic	, et al.	13691	33		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTERNAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TODATE (IF REQUIRED)		
09.04.14	Watt, Tamara		Account Manager - Wellpoint	100.00	100.00		100.00		100.00
08.13.14	Watt, Jean		Retired	500.00	500.00		500.00		
09.19.14	Watt Jean		Retired	2,500.00	2,500.00		2,500.00		
09.03.14	Weinberger, Tamar	ØIND □COM □OTH □PTY □SCC	Retired	100.00	100.00		100.00		
09.17.14	Weiss, Portia		Medical Manager - Weiss Cosmetic & Laser Practice Procedures	500.00	500	0.00	500.00		
			SUBTOTAL	\$ 3,700.00	P. Altoria				

\*Contributor Codes IND -- Individual COM -- Recipient Committee (other than PTY or SCC) OTH -- Other (e.g., business entity) PTY -- Political Party SCC -- Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received		Type or pri Amounts may to whole o	be rounded	Statement cove	ers period ary 2014	CALIFORNIA FORM 460			
				through 30 Septe	ember 2014	Page	20_of_26		
	otes NO on Y, with Major Funding by Audrey Steele B	Burnand, a co	ncerned citizen against more	growth and traffic,	et al.	13691			
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTERID. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SEUF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE T CALENDAR (JAN. 1 - DEC	EAR	PERELECTION TO DATE (IF REQUIRED)		
09.03.14	Westphal, Ruth		Retired	100.00	100.00		100.00		100.00
09.15.14	White, Tod		Retired	500.00	500.00		500.00		
09.11.14	Wohl, Sharon		Retired	100.00	100.00		100.00		
09.03.14	Zartler, Carolyn		Retired	100.00	100	0.00	100.00		
	· · · · · · · · · · · · · · · · · · ·		SUBTOTAL	\$ 800.00	·法下部。3		V PATE PARA		

\*Contributor Codes IND --- Individual COM -- Recipient Committee (other than PTY or SCC) OTH -- Other (e.g., business entity) PTY -- Political Party SCC -- Small Contributor Committee

	T	ype or print in i	nk				SCHE	DULEB-PART1
Schedule B – Part 1	Amounts may be rounded to whole dollars.			Statement cov	•	CALIFORNIA 460		
Loans Received		to whole dollar	5.		from1 Janua	ary 2014	FORM	400
SEE INSTRUCTIONS ON REVERSE					through30 S	ept 2014	Page 21	of the
NAME OF FILER							I.D. NUMBER	
Newport Votes NO on Y, with Major Fun	ding by Audrey Steele Burna	and, a concerr	ned citizen aga	ainst more g	growth and traffic,	et al.	1369133	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMNITTEE, ALSO ENTER 1.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(¢) A MOUNT PAI OR FORGIVE THIS PERIO	EN CLOSE OF THIS	(*) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TODATE
NA		-						CALENDAR YEAR
					\$	RATE	\$	S
		s	\$	\$	DATE DUE	\$	DATE INCURRED	\$
				PAID				CALENDAR YEAR
					\$	RATE %	\$	S
				LIFORGIVEN				PERELECTION
		S	\$	\$	DATEDUE	\$	DATE INCURRED	\$
				PAID				CALENDAR YEAR
					\$	RATE	\$	S
		\$	\$	\$	DATE DUE	s	DATE INCURRED	\$
		SUBTOTALS	\$ 0.00	\$ 0.0	0.00	\$ 0.0	0	
Schedule B Summary						(Enter (e) on Schedule E, Line 3	)	
1. Loans received this period	*** *** * * * * * * * * * * * * * * * *			\$	0.00	-		
(Total Column (b) plus unitemized loan						1	Contributor Codes	3
2. Loans paid or forgiven this period (Total Column (c) plus loans under \$10			\$	0.00		IND-Individual COM-RecipientCo (other than	ommittee PTY or SCC)	
(Include loans paid by a third party that	t are also itemized on Scheo	dule A.)					OTH – Other (e.g., PTY – Political Par	
3. Net change this period. (Subtract Lin- Enter the net here and on the Summar				. NET \$ _	(May be a negative number)	. L	SCC - Small Contri	butor Committee
*Amounts forgiven or paid by another party also ** If required.	must be reported on Schedule A.	ſ			· · ·		FPPC Form	460 (January/05
					500/	Toll Eron Mole		AC 1000 1075 3773

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Schedule B – Part 2 Loan Guarantors		Type or print in ink. Amounts may be rounded to whole dollars.		1	ent covers period 1 January 2014	CALIFORM FORM	400
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Newport Votes NO on Y, with Major Fundin	g by Audrey Steel	e Burnand, a concerned citize	n against more gr	through . owth and t			- of <u>26</u>
FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTERI, D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN		AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TODATE
NA	IND   СОМ   ОТН   РТҮ		LENDER			CALENDAR YEAR  S PER ELECTION (IF REQUIRED)	
			LENDER			S CALENDAR YEAR S PERELECTION (IF REQUIRED)	
			LENDER DATE			S CALENDAR YEAR  S PER ELECTION (IF REQUIRED)  S	
			LENDER			CALENDAR YEAR  S PER ELECTION (IF REQUIRED)  S	
			Si	UBTOTAL	\$ 0.00	Enteron Summary Page, Line 17 only.	

Schedule Nonmon	e C etary Contributions Received		Type or print in ink. Amounts may be rounded to whole dollars.			Statement covers p 1 January 2		CALIFO	
					from thro	30 Sept 2	<u></u>		23 of 24
NAME OF FILER								I.D. NUMB	
Newport \	Votes NO on Y, with Major Funding by Auc	irey Steele Bui	mand, a concerned citizen	against more g	rowth	and traffic, et a	l.	136913	3
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTERILD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYE R (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION GOODS OR SERV		AMOUNT/ FAIR MARKET VALUE	CUMULA DA CALEND/ (JAN 1 -	te Ar year	PER ELECTION TO DATE (IF REQUIRED)
09.01.14	Nancy Skinner	©IND □COM □OTH □PTY □SCC	Retired	Photocopies		486.10		486.10	486.10
09.10.14	Evelyn Hart		Retired	Handmade Bo 2015 Oasis Membership; Harbor Cruise		475.00		475.00	475.00
09.10.14	Dennis Baker		Retired	Kayak Tour of Newport Back Bay		180.00			
Attach add	ditional information on appropriately labo	eled continual	tion sheets.	SUBTO	DTAL	\$ 1,141.10			
Schedule	e C Summary						(*Co	ntributor Co	odes

1. Amount received this period – itemized nonmonetary contributions.	IND-Individual
(Include all Schedule C subtotals.) \$1,141.10	COM-Recipient Committee
	(other than PTY or SCC)
2. Amount received this period – uniternized nonmonetary contributions of less than \$100	OTH - Other (e.g., business entity)
	PTY – Political Party
3. Total nonmonetary contributions received this period.	SCC-Small Contributor Committee
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)	

					SCHEDULEE	
Schedule E		4 m	Type or print in ink. ounts may be rounded	Sta	atement covers period	
Pay	ments Made		to whole dollars.		1 January 2014	CALIFORNIA FORM 460
SEE (	STRUCTIONS ON REVERSE			throu	igh30 Sept 2014	Page 24 of 24
NAME	OF FILER					I.D. NUMBER
1	lewport Votes NO on Y, with Major Funding by Audrey S	teele E	Burnand, a concerned citizen against more	growth	and traffic, et al.	1369133
	DES: If one of the following codes accurately describes campaign paraphernalia/misc	-				costs
CMP	campaign paraphernalia/misc.	MBR	member communications		radio airlime and production of	costs
CNS	campaign consultants	MTG	meetings and appearances		returned contributions	
CTB	contribution (explain nonmonetary)*	OFC	office expenses		campaign workers' salaries	
CVC	civic donations	PET	petition circulating		t.v. or cable airtime and produ	
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, a	and meals
ND .	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	PRE	print ads	WEB	information technology costs	(internet, e-mail)

NAME, AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTERILD NUMBER)	CODE	DR DESCRIPTION OF PAYMENT	AMOUNT PAID
Dorothy Kraus 10 Wild Goose Court Newport Beach CA 92663	LIT	Reimbursement for Supplies, Postage and Copies	137.34
Newport Vinyards 2128 Mesa Drive Newport Beach CA 92660	FND	Valet Parking at 09.10.14 Fundraiser	500.00
Cogs South Signs 3309 South Main Street Anaheim CA 92806	LIT	Printing & Production of 500 Yard Signs	1,695.60
* Payments that are contributions or independent expenditures must also	be summarized on S	chedule D. SUBTOTAL	\$ 2.332.9

# Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)\$	17,190.63
2. Unitemized payments made this period of under \$100	216.18
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	17,406.81

Schedule E (Continuation Sheet) Payments Made	Type or print Amounts may be to whole dol	rounded		Statement covers period from1 January 2014 decrease30 Sept 2014	CALIFOI FORI	vi 400
SEE INSTRUCTIONS ON REVERSE				through		25 of 26
Newport Votes NO on Y, with Major Funding by Audrey Ste	eele Burnand, a col	ncerned cil	izen against more (	growth and traffic, et al.	I.D. NUMBE 1369133	
CODES: If one of the following codes accurately describe CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense	MBR member com MTG meetings and OFC office expension PET petition circul PHO phone banks POL polling and s POS postage, deli PRO professional	munications i appearance ses ating urvey researd very and mes	5	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and pr TRC candidate travel, lodging, a TRS staff/spouse travel, lodging transfer between committee VOT voter registration	on costs oduction costs and meals g, and meals ees of the sam	
LIT campaign literature and mailings	PRT print ads	CODE (	R DES	WEB information technology cos	sts (internet, e-	mail) AMOUNT PAID
The Newsong Group LTD 458 North Hundley Street Anaheim CA 92806		LIT	Printing of Envel	opes & Postcards		1,852.20
T&H Graphics 2249 Wheaton Court Santa Rosa CA 95403		LIT	Logo Design & E	3anner		300.00
Deborah L. Cagle 48 Verdin Lane Aliso Viejo CA 92656		PRO	Bookkeeping Se	rvices		297.50
The Newsong Group, LTD 458 North Hundley Street Anaheim CA 92806		LIT	Printing Envelop	Des		2,079.00
Staples 4343 MacArthur Boulevard Newport Beach CA 92660		LIT	Printing Campai	ign Letters		486.10
* Payments that are contributions or independent expenditures must a	so be summarized on	Schedule D.			SUBTOTAL S	5,014.80

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(Continuation Sheet) Amounts m	print in ink. ay be rounded le dollars.		Statement covers period from 1 January 2014	CALIFORI FORM	400
SEE INSTRUCTIONS ON REVERSE			through <u>30 Sept 2014</u>	Page_24	of <u>210</u>
Newport Votes NO on Y, with Major Funding by Audrey Steele Burnand	, a concerned o	itizen against more	growth and traffic, et al.	1369133	
CNS       campaign consultants       MTG       meeting         CTB       contribution (explain nonmonetary)*       OFC       office e         CVC       civic donations       PET       petition         FIL       candidate filing/ballot fees       PHO       phone t         FND       fundraising events       POL       polling a         IND       independent expenditure supporting/opposing others (explain)*       POS       postage	r communications is and appearance xpenses circulating banks and survey resear , delivery and me ional services (leg	s ch ssenger services	erwise, describe the payment RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL Lv. or cable airtime and pro TRC candidate travel, lodging, an TRS staff/spouse travel, lodging TSF transfer between committee VOT voter registration WEB information technology cosl	a costs soluction costs and meals and meats es of the same	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DES	CRIPTION OF PAYMENT		AMOUNT PAID
Cogs South Signs 3309 South Main Street Santa Ana CA 92707	LIT	Printing & Produ	iction of 1,000 Yard Signs		2,731.00
Tim Stoaks 2181 Meda Drive Newport Beach CA 92660	FND	Reimbursement	re Kelly Paper/Fundraiser		200.00
Los Angeles Times Media Group File 54221 Los Angeles CA 90074	PRT	1/4 Page Print A	۶d		322.00
The Newsong Group, LTD 458 North Hundley Street Anaheim CA 92806	LIT	Printing Buttons	& Stickers	•	1,562.76
US Postmaster / Mailing U.S. & Nole Pads Inc. 231 East Emmerson Avenue Orange CA 92865	POS	Mailers			5,027.13
* Payments that are contributions or independent expenditures must also be summarize	ed on Schedule D.		S	UBTOTAL \$	9,842.89