

**Statement of Organization
Recipient Committee**

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

Date Stamp

RECEIVED

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OFFICE OF
THE CLERK
CITY OF NEWPORT BEACH

CALIFORNIA
FORM 410

For Official Use Only

1. Committee Information

NAME OF COMMITTEE

Newport 1st, sponsored by Citizens Against High Rise Urban
Towers

STREET ADDRESS (NO P.O. BOX)

2042 Port Provence Place

CITY

Newport Beach

STATE

CA

ZIP CODE

92660

AREA CODE/PHONE

949-640-2006

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE

Orange County

JURISDICTION WHERE COMMITTEE IS ACTIVE

Orange County

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Susan Skinner

STREET ADDRESS (NO P.O. BOX)

2042 Port Provence Place

CITY

Newport Beach

STATE

CA

ZIP CODE

92660

AREA CODE/PHONE

949-640-2006

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

Susan Skinner

STREET ADDRESS (NO P.O. BOX)

2042 Port Provence Place

CITY

Newport Beach

STATE

CA

ZIP CODE

92660

AREA CODE/PHONE

949-640-2006

Attach additional information on appropriately labeled continuation sheets.

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

1/30/17

DATE

By

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

FPPC Form 410 (Jan/2016)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

**Statement of Organization
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INSTRUCTIONS ON REVERSE

**CALIFORNIA
FORM 410**

Page 2

Newport 1st, sponsored by Citizens Against High Rise Urban Towers

I.D. NUMBER
1223479

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

NAME OF FINANCIAL INSTITUTION Union Bank	AREA CODE/PHONE 949-642-3111	BANK ACCOUNT NUMBER
ADDRESS 1501 Westcliff Dr, Newport Beach, CA 92660	CITY	STATE ZIP CODE

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
			<input type="checkbox"/> Nonpartisan
			<input type="checkbox"/> 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	
		SUPPORT	OPPOSE
Qualifying the referendum against the Museum	Newport Beach, County of Orange	<input type="checkbox"/>	<input checked="" type="checkbox"/>
House, a development in Newport Beach		<input type="checkbox"/>	<input type="checkbox"/>

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Recipient Committee**

INSTRUCTIONS ON REVERSE

**CALIFORNIA
FORM 410**

Page 3

I.D. NUMBER
1223479

~~Newport~~ 1st, sponsored by Citizens Against High Rise Urban Towers

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:

☐ CITY Committee ☐ COUNTY Committee ☐ STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

Citizens Against High Rise Urban Towers

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

Group opposed to Museum House project (no industry affiliation known)

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

600 W. Santa Ana Boulevard, Ste. 814

Santa Ana

CA

92701

Small Contributor Committee

☐ ____/____/____
Date qualified

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.