

**Statement of Organization  
Recipient Committee**

Statement Type  Initial  
Not yet qualified  or

Amendment  
List I.D. number:

Termination - See Part 5  
List I.D. number:

# 1364694

# \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date qualified as committee

06 / 27 / 2014  
Date qualified as committee  
(if applicable)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Termination

**RECEIVED**  
2017 MAY 26 AM 9:38  
OFFICE OF THE CITY CLERK  
CITY OF NEWPORT BEACH

CALIFORNIA FORM 410  
For Official Use Only

**1. Committee Information**

NAME OF COMMITTEE

Scott Peotter for City Council 2017

STREET ADDRESS (NO P.O. BOX)

2618 San Miguel Dr #535

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Newport Beach	CA	92660	(949)250-7119

MAILING ADDRESS (IF DIFFERENT)

603 E Alton Ave STE G Santa Ana, CA 92705

FAX / E MAIL ADDRESS

lysaray.campaignservices@gmail.com

COUNTY OF DOMICILE

Orange

JURISDICTION WHERE COMMITTEE IS ACTIVE

Newport Beach

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER

Lyssa Ray

STREET ADDRESS (NO P.O. BOX)

603 E Alton Ave STE G

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Santa Ana	CA	92705	(714) 540-2295

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
------	-------	----------	-----------------

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
------	-------	----------	-----------------

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 5/23/2017  
DATE

By

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 5/23/2017  
DATE

By

SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_  
DATE

By

SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_  
DATE

By

SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization  
Recipient Committee**

**CALIFORNIA  
FORM 410**

INSTRUCTIONS ON REVERSE

Page 2 of 3  
I.D. NUMBER  
1354694

COMMITTEE NAME  
Scott Peotter, For City Council 2017

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

NAME OF FINANCIAL INSTITUTION Bank of America	AREA CODE/PHONE (714) 973-1000	BANK ACCOUNT NUMBER [REDACTED]	
ADDRESS 3730 Bristol St	CITY Santa Ana	STATE CA	ZIP CODE 92705

**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
Scott Peotter	City Council member, City of Newport Beach District 6		<input checked="" 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 BILL 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

**Statement of Organization  
Recipient Committee**

CALIFORNIA FORM **410**  
Page 3 of 3  
I.D. NUMBER  
1364694

INSTRUCTIONS ON REVERSE

COMMITTEE NAME  
Scott Peotter for City Council 2017

**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		INDUSTRY GROUP OR AFFILIATION OF SPONSOR		
STREET ADDRESS	NO. AND STREET	CITY	STATE	ZIP CODE

**Small Contributor Committee:**  \_\_\_\_\_  
Date qualified

**5. Termination Requirements** By signing the verification, the treasurer, assistant treasurer and/or candidate, officer/holder, or proprietor 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.