

**Statement of Organization
Recipient Committee**

Statement Type

☐ Initial

☒ Amendment

☐ Termination – See Part 5

☐ Not yet qualified

or

☐ Date qualified as committee

07 / 09 / 2018
Date qualified as committee

____ / ____ / ____
Date of termination

| | |
|--|--------------------------------|
| Date Stamp RECEIVED 2018 SEP 28 AM 9:35 OFFICE OF THE CITY CLERK CITY OF NEWPORT BEACH | CALIFORNIA FORM 410 |
| | For Official Use Only |

1. Committee Information

I.D. Number
(if applicable)

1407487

2. Treasurer and Other Principal Officers

NAME OF COMMITTEE

Taxpayers and Residents United for Newport Beach, a Committee opposing
Peotter and Duffield for Council 2018

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Irvine

CA

92614

(949) 640-2006

MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)

info@campaign-compliance.com

COUNTY OF DOMICILE

Orange

JURISDICTION WHERE COMMITTEE IS ACTIVE

Newport Beach

NAME OF TREASURER

Jen Slater

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Irvine

CA

92618

(949) 858-7448

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

Janine Allen

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Newport Beach

CA

92663

(949) 735-8433

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 9/28/2018
DATE

By

Jen Slater
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

Statement of Organization Recipient Committee

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COMMITTEE NAME

Taxpayers and Residents United for Newport Beach, a Committee opposing Peotter and Duffield for Council 2018

I.D. NUMBER

1407487

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

| | | |
|--|-----------------------------------|---------------------|
| NAME OF FINANCIAL INSTITUTION Bank of America | AREA CODE/PHONE (949) 753-1544 | BANK ACCOUNT NUMBER |
| ADDRESS 67 Technology Drive | CITY Irvine | STATE CA |
| | ZIP CODE 92618 | |

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." Stating "No party preference" is acceptable.
- 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 | CHECK ONE | PARTY |
|--|---|---------------------|-------------|---------------------------------------|
| | | | Nonpartisan | Partisan (list political party below) |
| | | | Nonpartisan | Partisan (list political party below) |

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) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME. | CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE) | CHECK ONE |
|---|--|---------------------|
| Marshall Duffield | City Council Member: City of Newport Beach District 3 | SUPPORT OPPOSE X |
| Scott Peotter | City Council Member: City of Newport Beach District 6 | SUPPORT OPPOSE X |

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I.D. NUMBER

1407487

COMMITTEE NAME

Taxpayers and Residents United for Newport Beach, a Committee opposing Peotter and Duffield for Council 2018

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 ☐ Political Party/Central 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

AREA CODE/PHONE

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.