

**Statement of Organization
Recipient Committee**

Type or print in ink

STATEMENT OF ORGANIZATION

CALIFORNIA FORM 410
For Official Use Only

Statement Type Initial
Not yet qualified or
_____/_____/_____
Date qualified as committee

Amendment
List I.D. number:
1224898
6, 9, 04
Date qualified as committee
(If applicable)

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

_____/_____/_____
Date of Termination

Date Stamp
RECEIVED
*04 JUN 11 10:05
CITY CLERK
NEWPORT BEACH

1. Committee Information

NAME OF COMMITTEE
COMMITTEE TO RE-ELECT STEVE BROMBERG
STREET ADDRESS (NO P.O. BOX)
1506 PARK AVE.
CITY STATE ZIP CODE AREA CODE/PHONE
NEWPORT BEACH CA 92662 (949) 673-6407
MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS

FAX (949) 644-1853

COUNTY OF DOMICILE COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE
ORANGE N/A

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER
RONNIE BROMBERG
STREET ADDRESS
1506 PARK AVE, NEWPORT BEACH, CA 92662 (949) 673-6407
CITY STATE ZIP CODE AREA CODE/PHONE
NONE
NAME OF ASSISTANT TREASURER, IF ANY
STREET ADDRESS
CITY STATE ZIP CODE AREA CODE/PHONE
MARIAUVE McDANIEL CLAIREPERSON
NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE
127 ONYX
MAILING ADDRESS
NEWPORT BEACH CA 92662 (949) 675-8714
CITY STATE ZIP CODE AREA CODE/PHONE

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 6/9/04 DATE
Executed on 6/9/04 DATE
Executed on _____ DATE
Executed on _____ DATE

By Ronnie Bromberg SIGNATURE OF TREASURER OR ASSISTANT TREASURER
By Mariauve Claireperson SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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1224898

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

COMMITTEE TO RE-ELECT STEVE BROMBERG

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 "non-partisan."
- 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 PROONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
STEVE BROMBERG	NEWPORT BEACH CITY COUNCIL 5TH DISTRICT	2004	<input checked="" type="checkbox"/> Non-Partisan
			<input type="checkbox"/> Non-Partisan

- List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER
UNION BANK OF CALIFORNIA	(800) 238-4486	[REDACTED]
ADDRESS	CITY	STATE ZIP CODE
1090 BAYSIDE DR, NEWPORT BEACH, CA		92660

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

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INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

COMMITTEE TO RE-ELECT STEVE BROMBERG

I.D. NUMBER

1224898

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

Check box and provide the date this committee qualified as a small contributor committee. If the committee qualified as a small contributor committee on January 1, 2001, enter 1/1/01.

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.