

**Statement of Organization
Recipient Committee**

Type or print in ink

STATEMENT OF ORGANIZATION

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

Amendment
List I.D. number:

_____/_____/_____
Date qualified as committee
(If applicable)

Termination - See Part 5
List I.D. number:
1224898
6, 16, 05
Date of Termination

Date Stamp RECEIVED	CALIFORNIA FORM 410
*05 JUN 20 A 8:21	
OFFICE OF THE CITY CLERK CITY OF NEWPORT BEACH	

1. Committee Information

NAME OF COMMITTEE
COMMITTEE TO 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) 673-4113

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

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE

MAILING ADDRESS

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 6/16/05
DATE

Executed on 6/16/05
DATE

Executed on _____
DATE

Executed on _____
DATE

By Ronnie Bromberg
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By Steve Bromberg
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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INSTRUCTIONS ON REVERSE

COMMITTEE NAME
COMMITTEE TO 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 PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
STEVE BROMBERG	NEWPORT BEACH CITY COUNCIL 5TH DISTRICT	N/A	<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	0620043982	
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