

**Statement of Organization
Recipient Committee**

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STATEMENT OF ORGANIZATION

**CALIFORNIA
FORM 410**

For Official Use Only

Date Stamp

*Filed
8/11/08
8:58 am
jk*

Statement Type Initial
Not yet qualified or

Amendment
List I.D. number:

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

Date qualified as committee

Date qualified as committee
(If applicable)

12455781
07, 30, 08
Date of Termination

1. Committee Information

NAME OF COMMITTEE

Laura Dierz for City Council

STREET ADDRESS (NO P.O. BOX)

3535 E. Coast Hwy. #180

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Corona del Mar, CA 92625 (949)

MAILING ADDRESS (IF DIFFERENT)

721
8035

OPTIONAL: FAX / E-MAIL ADDRESS

949-721-8039

COUNTY OF DOMICILE

USA

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT
THAN COUNTY OF DOMICILE

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Meagan Marriott

STREET ADDRESS

1810 E. 16th St. #6208

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Newport Beach, CA 92663

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 7/30/08 DATE

Executed on 7/30/08 DATE

Executed on _____ DATE

Executed on _____ DATE

By Meagan B. Marriott
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By Laura B. Dierz
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