

**Statement of Organization  
Recipient Committee**

Type or print in ink

STATEMENT OF ORGANIZATION

Statement Type

Initial

Not yet qualified  or

Amendment

List I.D. number:

# \_\_\_\_\_

Date qualified as committee

Termination - See Part 5

List I.D. number:

# \_\_\_\_\_

Date of Termination

Date qualified as committee  
(if applicable)

Date Stamp	RE	CALIFORNIA FORM 410
		For Official Use Only
	'04 SEP 16 P1:00	
	OFFICE OF THE CITY CLERK CITY OF NEWPORT BEACH	

**1. Committee Information**

NAME OF COMMITTEE

THE COMMITTEE TO ELECT CATHERINE EMMONS

STREET ADDRESS (NO P.O. BOX)

2516 Holly Lane

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NEWPORT BEACH, CA 92663 949-631-6446

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS

949-631-6444 / hangcratc@suffside.net

COUNTY OF DOMICILE

ORANGE

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

CATHERINE EMMONS

STREET ADDRESS

2516 Holly Lane

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NEWPORT BEACH CA 92663 949-631-6446

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

8/18/04

DATE

By

*Catherine Emons*

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on

8/18/04

DATE

By

*Catherine Emons*

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

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INSTRUCTIONS ON REVERSE

Page 2

I.D. NUMBER

COMMITTEE NAME

THE COMMITTEE TO ELECT CATHERINE EMMONS

**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
CATHERINE EMMONS	MEMBER OF DIST. 2 CITY COUNCIL NEWPORT BEACH	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
WELLS FARGO	949-515-8660	[REDACTED]
ADDRESS	CITY	STATE ZIP CODE
2750 WEST COAST HWY.	NEWPORT BEACH, CA	92463

**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