

**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 # 1270654
12, 28, 04
 Date of Termination

RECEIVED

Date Stamp

'04 DEC 28 P4:21

OFFICE OF THE CITY CLERK
 CITY OF NEWPORT BEACH

CALIFORNIA
 FORM **410**

For Official Use Only

1. Committee Information

NAME OF COMMITTEE

COMMITTEE TO ELECT CATHERINE EMMONS

STREET ADDRESS (NO PO. BOX)

2516 HOLLY LANE
 CITY STATE ZIP CODE AREA CODE/PHONE

NEWPORT BEACH, CA 92663 949-631-6807
 MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E MAIL ADDRESS

COUNTY OF DOMICILE

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 949-631-6807

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 12/28/04
DATE

Executed on 12/28/04
DATE

Executed on _____
DATE

Executed on _____
DATE

By Catherine Emmons
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By Catherine Emmons
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