

**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:
1286413

06 / 03 / 06
Date qualified as committee
(if applicable)

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

_____ / _____ / _____
Date of Termination

Date Stamp

CALIFORNIA FORM 410
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OFFICE OF THE CITY CLERK
CITY OF NEWPORT BEACH

1. Committee Information

NAME OF COMMITTEE
NANCY GARDNER FOR CITY COUNCIL

STREET ADDRESS (NO P.O. BOX)
323 JASMINE AVE.

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>CORONA DEL MAR</u>	<u>CA</u>	<u>92625</u>	<u>949.673.0706</u>

MAILING ADDRESS (IF DIFFERENT)
P. O. BOX 10901 NEWPORT BEACH, CA 92658

OPTIONAL: FAX / E-MAIL ADDRESS

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

2. Treasurer and Other Principal Officers

NAME OF TREASURER
RAYMOND J. ZARTLER

STREET ADDRESS
1970 PORT PROVENCE

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>NEWPORT BEACH</u>	<u>CA</u>	<u>92660</u>	<u>949.759.9341</u>

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 9 June 06
DATE

Executed on 6/9/06
DATE

Executed on _____
DATE

Executed on _____
DATE

By Raymond J Zartler
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By [Signature]
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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**CALIFORNIA
FORM 410**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

NANCY GARDNER FOR CITY COUNCIL

Page 2

I.D. NUMBER

1286413

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
NANCY GARDNER	NEWPORT BEACH CITY COUNCIL, DISTRICT 6	2006	<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
CALNATIONAL BANK	866.373.7838	0031428295
ADDRESS	CITY	STATE ZIP CODE
1515 WESTCLIFF DRIVE	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