

**Statement of Organization  
Recipient Committee**

Type or print in ink

STATEMENT OF ORGANIZATION

Date Stamp  
**RECEIVED**

**CALIFORNIA  
FORM 410**

**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:

# 940307

2, 9, 2005  
Date of Termination

'05 FEB 16 A9:15

OFFICE OF THE CITY CLERK  
CITY OF NEWPORT BEACH

For Official Use Only

**1. Committee Information**

NAME OF COMMITTEE

Committee to Elect Norma Glover

STREET ADDRESS (NO PO. BOX)

450 Santa Ana Ave

CITY STATE ZIP CODE AREA CODE/PHONE

NEWPORT BEACH CA 92663

MAILING ADDRESS (IF DIFFERENT)

395 WATERVILLE RD, Avon, CT 06001

OPTIONAL: FAX / E-MAIL ADDRESS

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

DELL GLOVER

STREET ADDRESS

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 2-9-05

DATE

By \_\_\_\_\_

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 2/9/05

DATE

By \_\_\_\_\_

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