

**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:
982390

09 / 22 / 1998
Date qualified as committee
(if applicable)

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

_____/_____/_____
Date of Termination

Date Stamp RECEIVED 2008 JUN 16 PM : 03	CALIFORNIA FORM 410
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OFFICE OF THE CITY CLERK CITY OF NEWPORT BEACH	

1. Committee Information

NAME OF COMMITTEE
Greenlight

STREET ADDRESS (NO P.O. BOX)
2007 Highland Drive

CITY STATE ZIP CODE AREA CODE/PHONE
Newport Beach CA 92660 949-645-1419

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE Orange	COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE
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Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Allan Beek

STREET ADDRESS
2007 Highland Drive

CITY STATE ZIP CODE AREA CODE/PHONE
Newport Beach CA 92660 949-645-1419

NAME OF ASSISTANT TREASURER, IF ANY
Jennifer Frutig

STREET ADDRESS
23871 Willows Drive

CITY STATE ZIP CODE AREA CODE/PHONE
Laguna Hills CA 92653

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE
Philip L. Arst, President

MAILING ADDRESS
2601 Lighthouse Lane

CITY STATE ZIP CODE AREA CODE/PHONE
Corona del Mar CA 92625

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 June 15, 2008
DATE

Executed on _____
DATE

Executed on _____
DATE

Executed on _____
DATE

By Allan Beek
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By _____
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

Greenlight

Page 3

I.D. NUMBER

982390

4. Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

CITY Committee COUNTY Committee STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

To promote good government with a focus on environmental, fiscal, growth, and traffic issues.

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

Small Contributor Committee

____/____/____
Date qualified

Check box and provide the date this committee qualified as a small contributor committee. If the committee qualified as a small contributor committee on January 1, 2001, enter 1/1/01.

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
 - This committee does not anticipate receiving contributions or making expenditures in the future;
 - This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
 - This committee has no surplus funds; and
 - This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.