

**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:

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

1284475

03/09/2006

Date qualified as committee

Date qualified as committee
(If applicable)

Date of Termination

Date Stamp	RE	CALIFORNIA FORM 410
2007 JUL 23 PM 3:33		For Official Use Only
		OFFICE OF THE CITY CLERK CITY OF NEWPORT BEACH

1. Committee Information

NAME OF COMMITTEE

Mike Henn for City Council

STREET ADDRESS (NO P.O. BOX)
3419 Via Lido #293

CITY STATE ZIP CODE AREA CODE/PHONE

Newport Beach, CA 92663 714-540-2295

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE

Orange

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Lysa Ray

STREET ADDRESS

603 E Alton Ave Suite H

CITY STATE ZIP CODE AREA CODE/PHONE

Santa Ana, CA 92705 714-540-2295

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 7/11/07
DATE

By [Signature]
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 7/11/07
DATE

By [Signature]
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