

**Statement of Organization
Recipient Committee**

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STATEMENT OF ORGANIZATION

Statement Type Initial

Not yet qualified or

'05 MAY 26 10:02

Amendment

List I.D. number:

Date qualified as committee
(If applicable)

Termination - See Part 5

List I.D. number:

Date of Termination

Date Stamp: APR 18 2005
 RECEIVED IN THE OFFICE OF THE SECRETARY OF STATE OF THE STATE OF CALIFORNIA
 MAY 16 2005
 By: [Signature] Deputy REGISTRAR OF VOTERS
 CALIFORNIA FORM 410 For Official Use Only

1. Committee Information

NAME OF COMMITTEE

Newporters For Responsible Growth

STREET ADDRESS (NO P.O. BOX)

665 Via Lido Sound

CITY STATE ZIP CODE AREA CODE/PHONE

Newport Beach CA 92663 (949) 756-965

MAILING ADDRESS (IF DIFFERENT)

Po Box 1414 Newport Beach, CA 92659

OPTIONAL: FAX / E-MAIL ADDRESS

twbell @ earthlink.net

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

Tom Bellings

STREET ADDRESS

665 Via Lido Sound

CITY STATE ZIP CODE AREA CODE/PHONE

Newport Beach CA 92663

NAME OF ASSISTANT TREASURER, IF ANY

(949) 675-0465

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 4-13-05 DATE

By [Signature] SIGNATURE OF TREASURER OR ASSISTANT TREASURER

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

Executed on _____ DATE

By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

NEWSPAPERS for RESPONSIBLE GROWTH

ID NUMBER

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

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.