

**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:  
# 1276401

Termination - See Part 5  
List I.D. number:  
# \_\_\_\_\_

\_\_\_\_\_  
Date qualified as committee

\_\_\_\_\_  
Date qualified as committee  
(if applicable)

\_\_\_\_\_  
Date of Termination

Date Stamp  
**RECEIVED**  
06 JAN 26 P1:19  
OFFICE OF THE CITY CLERK  
CITY OF NEWPORT BEACH

**CALIFORNIA FORM 410**  
For Official Use Only

**1. Committee Information**

**2. Treasurer and Other Principal Officers**

NAME OF COMMITTEE

NAME OF TREASURER

Newporters for Responsible Government

Tom Bellings

STREET ADDRESS (NO P.O. BOX)  
665 Via Lido Sud

STREET ADDRESS  
665 Via Lido Sud

CITY STATE ZIP CODE AREA CODE/PHONE  
Newport Beach, CA 92663 (949) 955-

CITY STATE ZIP CODE AREA CODE/PHONE  
Newport Beach, CA 92663 394-7640

MAILING ADDRESS (IF DIFFERENT)  
P.O. Box 1414 Newport Beach, CA 92663 2033

NAME OF ASSISTANT TREASURER, IF ANY

OPTIONAL: FAX / E-MAIL ADDRESS

STREET ADDRESS  
CITY STATE ZIP CODE AREA CODE/PHONE

COUNTY OF DOMICILE  
Orange

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE

MAILING ADDRESS  
CITY STATE ZIP CODE AREA CODE/PHONE

Attach additional information on appropriately labeled continuation sheets.

**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 1-20-06  
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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**CALIFORNIA FORM 410**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

*Newspapers for Responsible Government*

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I.D. NUMBER

*1276401*

**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

*Resident Advocacy & lobbying*

**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.
- Additional filing obligations will be incurred if, after terminating, the committee receives or spends any funds, or receives the forgiveness of a loan, repayments of loans made to others, or any other receipts.