

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

| | | |
|---|---|------------|
| <p>RECEIVED Date Stamp 2007 JAN 31 PM 2:39</p> <p>OFFICE OF THE CITY CLERK CITY OF NEWPORT BEACH</p> | <p>CALIFORNIA 2001/02 FORM</p> | <p>460</p> |
| | <p>Page <u>1</u> of <u>5</u></p> <p>For Official Use Only</p> | |

| | |
|--|---|
| <p>Statement covers period from <u>July 1, 2006</u> through <u>Dec. 31, 2006</u></p> | <p>Date of election if applicable: (Month, Day, Year) <u>Nov. 2, 2006</u></p> |
|--|---|

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

- | | |
|---|---|
| <input type="checkbox"/> Officeholder, Candidate Controlled Committee | <input type="checkbox"/> Primarily Formed Ballot Measure Committee |
| <input type="radio"/> State Candidate Election Committee | <input type="radio"/> Controlled |
| <input type="radio"/> Recall <small>(Also Complete Part 5)</small> | <input type="radio"/> Sponsored <small>(Also Complete Part 6)</small> |
| <input checked="" type="checkbox"/> General Purpose Committee | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee <small>(Also Complete Part 7)</small> |
| <input type="radio"/> Sponsored | |
| <input type="radio"/> Small Contributor Committee | |
| <input type="radio"/> Political Party/Central Committee | |

2. Type of Statement:

- | | |
|---|---|
| <input type="checkbox"/> Preelection Statement | <input type="checkbox"/> Quarterly Statement |
| <input checked="" type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement <small>(Also file a Form 410 Termination)</small> | <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below) | |

3. Committee Information

I.D. NUMBER 1276401

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Newporters for Responsible Government

STREET ADDRESS (NO P.O. BOX)

5020 Campus Dr.

CITY

Newport Beach CA 92660 949-955-2033

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

PO Box 1414

CITY

Newport Beach Cd 92659 949-955-2033

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Tom Bellings

MAILING ADDRESS

665 Via Lido Sound

CITY

Newport Beach CA 92663

NAME OF ASSISTANT TREASURER, IF ANY

(949) 675-6465

MAILING ADDRESS

CITY

STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules 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 1-30-07
Date

By Tom Bellings
Signature of Treasurer or Assistant Treasurer

Executed on _____
Date

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on _____
Date

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _____
Date

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Campaign Disclosure Statement
Summary Page**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

| | |
|---|--------------------------------|
| Statement covers period from <u>07-01-06</u> | CALIFORNIA FORM 460 |
| through <u>02-31-06</u> | |
| Page <u>2</u> of <u>5</u> | I.D. NUMBER <u>1276401</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

New posters for Responsible Government

Contributions Received

| | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|---|--|--|
| 1. Monetary Contributions Schedule A, Line 3 | \$ <u>5,000</u> | \$ <u>13,610</u> |
| 2. Loans Received Schedule B, Line 3 | \$ <u>0</u> | \$ <u>0</u> |
| 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 | \$ <u>5,000</u> | \$ <u>13,610</u> |
| 4. Nonmonetary Contributions Schedule C, Line 3 | \$ <u>0</u> | \$ <u>3,527</u> |
| 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 | \$ <u>5,000</u> | \$ <u>17,137</u> |

**Calendar Year Summary for Candidates
Running in Both the State Primary and
General Elections**

| | 1/1 through 6/30 | 7/1 to Date |
|----------------------------|------------------|-------------|
| 20. Contributions Received | \$ _____ | \$ _____ |
| 21. Expenditures Made | \$ _____ | \$ _____ |

Expenditures Made

| | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|---|--|--|
| 6. Payments Made Schedule E, Line 4 | \$ <u>4,790</u> | \$ <u>13,671.50</u> |
| 7. Loans Made Schedule H, Line 3 | \$ <u>0</u> | \$ <u>0</u> |
| 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 | \$ <u>4,790</u> | \$ <u>13,671.50</u> |
| 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 | \$ <u>0</u> | \$ <u>0</u> |
| 10. Nonmonetary Adjustment Schedule C, Line 3 | \$ <u>0</u> | \$ <u>0</u> |
| 11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10 | \$ <u>4,790</u> | \$ <u>13,671.50</u> |

**Expenditure Limit Summary for State
Candidates**

22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limit)

| Date of Election (mm/dd/yy) | Total to Date |
|--------------------------------|---------------|
| ____/____/____ | \$ _____ |
| ____/____/____ | \$ _____ |

Current Cash Statement

| | |
|---|--------------------|
| 12. Beginning Cash Balance Previous Summary Page, Line 16 | \$ <u>720.50</u> |
| 13. Cash Receipts Column A, Line 3 above | \$ <u>5,000.00</u> |
| 14. Miscellaneous Increases to Cash Schedule I, Line 4 | \$ _____ |
| 15. Cash Payments Column A, Line 8 above | \$ <u>4,790</u> |
| 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 | \$ <u>930.50</u> |

If this is a termination statement, Line 16 must be zero.

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

*Amounts in this section may be different from amounts reported in Column B.

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ 0

Cash Equivalents and Outstanding Debts

| | |
|---|-------------|
| 18. Cash Equivalents See instructions on reverse | \$ <u>0</u> |
| 19. Outstanding Debts Add Line 2 + Line 9 in Column B above | \$ <u>0</u> |

**Schedule A
Monetary Contributions Received**

Type or print in Ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

New parties for Responsible Government

| | | |
|-------------------------|-----------------|-------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | <i>07-01-06</i> | |
| through | <i>02-31-06</i> | Page <i>3</i> of <i>5</i> |
| | | I.D. NUMBER <i>1276401</i> |

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|---|-----------------------------|--|---------------------------------------|
| <i>10/28/06</i> | <i>Audrey Burnand</i> [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | <i>5,000</i> | <i>5,000</i> | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |

SUBTOTAL \$ *5,000* *5,000*

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ *5,000*
- Amount received this period – unitemized monetary contributions of less than \$100 \$ *0*
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL \$ *5,000*

*Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

**Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period
from 01-01-06
through 12-31-06

SCHEDULED
CALIFORNIA FORM 460

Page 4 of 5

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Newspapers for Responsible Government

I.D. NUMBER
1276401

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|--------------------|---|---|---------------------------|--------------------|---|------------------------------------|
| 11/3/06 | Measure X | <input type="checkbox"/> Monetary Contribution | Daily Pilot Ad | 1,410 | 1,410 | |
| | | <input type="checkbox"/> Nonmonetary Contribution | | | | |
| | | <input checked="" type="checkbox"/> Independent Expenditure | | | | |
| | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | |
| 11/3/06 | Measure X | <input type="checkbox"/> Monetary Contribution | State Matters | 3,250 | 3,250 | |
| | | <input type="checkbox"/> Nonmonetary Contribution | | | | |
| | | <input checked="" type="checkbox"/> Independent Expenditure | | | | |
| | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | |
| | | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | |
| SUBTOTAL \$ | | | | | 4,660 | |

Schedule D Summary

- Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) \$ 4,660
- Unitemized contributions and independent expenditures made this period of under \$100 \$ 0
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) **TOTAL \$** 4,660

**Schedule E
Payments Made**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULEE

| | |
|--|--------------------------------|
| Statement covers period from <u>07-01-06</u> through <u>12-31-06</u> | CALIFORNIA FORM 460 |
| | Page <u>5</u> of <u>5</u> |
| | I.D. NUMBER <u>1276401</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newport's for Responsible Government

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|--|--------------------|-------------------------|--------------|
| <i>City of Newport Beach 3300 Newport Blvd Newport Beach, CA 92658</i> | <i>FIL</i> | <i>Late Filing Fees</i> | <i>130</i> |
| <i>Daily Pilot 1375 Sunflower Costa Mesa, CA 92625</i> | <i>PRT IND</i> | <i>Print Ad</i> | <i>1,410</i> |
| <i>Door to Door Marketing 269 S. Beverly Dr. Beverly Hills, CA 90212</i> | <i>LIT IND</i> | <i>State Mailer</i> | <i>3,250</i> |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 4,790

Schedule E Summary

| | |
|--|-----------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.) | \$ <u>4,790</u> |
| 2. Unitemized payments made this period of under \$100 | \$ <u>0</u> |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) | \$ <u>0</u> |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) | TOTAL \$ <u>4,790</u> |