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# 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:

10 / 01 / 2008  
Date qualified as committee

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

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

CALIFORNIA  
FORM

410

For Official Use Only

## 1. Committee Information

NAME OF COMMITTEE

Newporters for Ethical Government

STREET ADDRESS (NO P.O. BOX)

1201 K Street, Suite 970

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Sacramento

CA

95814

916-955-1844

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE

Sacramento

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

Laura Ortega

STREET ADDRESS

1201 K Street, Suite 970

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Sacramento

CA

95814

916-955-1844

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

10-1-08  
DATE

By



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

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

I.D. NUMBER

**4. Type of Committee** Complete the applicable sections.

**Controlled Committee**

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "non-partisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
			<input type="checkbox"/> Non-Partisan
			<input type="checkbox"/> Non-Partisan

- List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER	
ADDRESS	CITY	STATE	ZIP CODE

**Primarily Formed Committee**

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
Steven Rosansky	Newport Beach City Council, District 2		<input checked="" type="checkbox"/>
		SUPPORT	OPPOSE