

**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
List I.D. number:

_____/_____/_____
Date qualified as committee

_____/_____/_____
Date qualified as committee
(if applicable)

1311984
1 / 20 / 09
Date of Termination

RECEIVED AND FILED
in the Office of the Secretary of State
of the State of California
JAN 28 2009
DEBRA BOWEN
Secretary of State

CALIFORNIA FORM 410
Original Use Only
2009 JAN 27 AM 10:39
OFFICE OF THE CITY CLERK
CITY OF NEWPORT BEACH

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

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, AimPoint Inc.

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

Jack Wu

MAILING ADDRESS

3419 via Lido, Suite 183

CITY STATE ZIP CODE AREA CODE/PHONE
Newport Beach CA 92663

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 1-20-09
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

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CALIFORNIA FORM 410

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I.D. NUMBER

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

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

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INSTRUCTIONS ON REVERSE

COMMITTEE NAME

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I.D. 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.