

**Statement of Organization  
Recipient Committee**

Type or print in ink

STATEMENT OF ORGANIZATION

RECEIVED  
Date Stamp  
2008 JUN -2 AM 11:02  
OFFICE OF  
THE CITY CLERK  
CITY OF NEWPORT BEACH

**CALIFORNIA FORM 410**  
For Official Use Only

Statement Type  Initial  
Not yet qualified  or

Amendment  
List I.D. number:  
# 1289457  
Date qualified as committee  
JUN 2 08  
(if applicable)

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

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

**1. Committee Information**

NAME OF COMMITTEE  
Dolores Otting for Newport Beach City Council

STREET ADDRESS (NO P.O. BOX)  
17 Hillsborough

CITY STATE ZIP CODE AREA CODE/PHONE  
Newport Beach CA 92660 949.759.9341

MAILING ADDRESS (IF DIFFERENT)  
P.O. Box 9352 Newport Beach, CA 92658

OPTIONAL: FAX / E-MAIL ADDRESS  
\_\_\_\_\_

COUNTY OF DOMICILE \_\_\_\_\_ COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE \_\_\_\_\_

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER  
Raymond J. Zartler

STREET ADDRESS  
1970 Port Provence

CITY STATE ZIP CODE AREA CODE/PHONE  
Newport Beach CA 92260 949.759.9341

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  
\_\_\_\_\_

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 2 June 08  
DATE

Executed on June 02, 2008  
DATE

Executed on \_\_\_\_\_  
DATE

Executed on \_\_\_\_\_  
DATE

By Raymond J Zartler  
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By Dolores A. Otting - candidate  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

# Statement of Organization Recipient Committee

STATEMENT OF ORGANIZATION

CALIFORNIA **410**  
FORM

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

Dolores Otting For Newport Beach City Council

I.D. NUMBER

1289457

## 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
Dolores Otting	Newport Beach City Council, District 7	2008	<input checked="" 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	
Union Bank of California	949.760.1847	0621644723	
ADDRESS	CITY	STATE	ZIP CODE
1090 Bayside Drive	Newport Beach	CA	92660

### 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
		SUPPORT	OPPOSE
		SUPPORT	OPPOSE