

**Statement of Organization
Recipient Committee**

Type or print in ink

STATEMENT OF ORGANIZATION

Statement Type Initial
Not yet qualified or

_____/_____/_____
Date qualified as committee

Amendment

List I.D. number:
1299198
06 / 20 / 2007
Date qualified as committee
(if applicable)

Termination - See Part 5

List I.D. number:

_____/_____/_____
Date of Termination

Date Stamp RECEIVED 2009 JAN 21 AM 9:31	CALIFORNIA FORM 410		
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OFFICE OF THE CITY CLERK CITY OF NEWPORT BEACH			

1. Committee Information

NAME OF COMMITTEE

Newporters for a Better Community

STREET ADDRESS (NO P.O. BOX)

512 Cameo Highlands Drive

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Corona del Mar	CA	92625	949-719-9390

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS

Fax: 949-719-9390 Email: N/A

COUNTY OF DOMICILE	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

Karen E. Tringali

STREET ADDRESS

512 Cameo Highlands Drive

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Corona del Mar	CA	92625	949-719-9390

NAME OF ASSISTANT TREASURER, IF ANY

Allan Beek

STREET ADDRESS

2007 Highland Drive

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Newport Beach	CA	92660	949-645-1419

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

Karen E. Tringali

MAILING ADDRESS

512 Cameo Highlands Drive

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Corona del Mar	CA	92625	949-719-9390

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 January 12, 2009
DATE

Executed on _____
DATE

Executed on _____
DATE

Executed on _____
DATE

By Karen E. Tringali
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By _____
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