

**Statement of Organization Recipient Committee**

Type or print in ink

Statement Type

Initial  
Not yet qualified  or

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

Amendment  
List I.D. number:

# \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date qualified as committee  
(If applicable)

Termination - See Part 5  
List I.D. number:

# 1299198

01 / 19 / 2009  
Date of Termination

STATEMENT OF ORGANIZATION

Date Stamp	RECEIVED	CALIFORNIA FORM 410
2009 FEB -2		For Official Use Only
		AM 11:46
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

Orange

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE

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 19, 2009  
DATE

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

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

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

By   
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

**Statement of Organization  
Recipient Committee**

STATEMENT OF ORGANIZATION

**CALIFORNIA  
FORM 410**

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

Newporters for a Better Community

I.D. NUMBER

1299198

**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

# Statement of Organization Recipient Committee

STATEMENT OF ORGANIZATION

CALIFORNIA  
FORM **410**

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COMMITTEE NAME

Newporters for a Better Community

I.D. NUMBER

1299198

## 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

Focus on Newport Beach issues, candidates and ballot measures

### 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.