

**Statement of Organization  
Recipient Committee**

Type or print in ink

STATEMENT OF ORGANIZATION

Statement Type

Initial

Amendment  
List I.D. number

Termination - See Part 6  
List I.D. number

Not yet qualified  or

# \_\_\_\_\_

# \_\_\_\_\_

Date qualified as committee

Date qualified as committee  
(if applicable)

Date of Termination

RECEIVED

Date Stamp

CALIFORNIA  
FORM 410

For Official Use Only

04 OCT -1 18 05

CITY CLERK  
CITY CLERK

**1. Committee Information**

NAME OF COMMITTEE

Protect Our Parks

STREET ADDRESS (NO PO BOX)

1409 Superior Ave #K

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Newport Beach CA 92663 631-1997

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS

949-631-1997 twbell@earthlink.net

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

Tom Billings

STREET ADDRESS

1409 Superior Ave #K

CITY

STATE

ZIP CODE

AREA CODE/PHONE

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

7-13-04

DATE

By

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization  
Recipient Committee**

STATEMENT OF ORGANIZATION  
CALIFORNIA  
FIRM  
**410**  
PART  
I.D. NUMBER

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

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

**Controlled Committees**

- 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<br>(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 Partisan Committees**

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 SKI/OT NO. ON LETTER) | CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION<br>(INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE) | CHECK ONE                |                          |
|---|--|--------------------------|--------------------------|
|   |  | SUPPORT                  | OPPOSE                   |
| Protect Our Parks   |  | <input type="checkbox"/> | <input type="checkbox"/> |
|   |  | <input type="checkbox"/> | <input type="checkbox"/> |