

**Statement of Organization
Recipient Committee**

Type or print in ink

Statement Type Initial
Not yet qualified or

Amendment
List I.D. number:
12.66975

Termination - See Part 5

List I.D. number:
RECEIVED

Date qualified as committee

Date qualified as committee
(If applicable)

³⁰

05 JUL 14 / A9:08
Date of Termination

RECEIVED AND FILED
in the office of the Secretary of State
of the State of California
JUN 29 2005
BRUCE McPHERSON
Secretary of State

STATEMENT OF ORGANIZATION
CALIFORNIA FORM 410
 For Official Use Only
JUL 08 2005
REGISTRAR OF VOTER REGISTRATION
Al Sanchez Deputy

1. Committee Information

2. Treasurer and Other Principal Officers

NAME OF COMMITTEE

Protect Our Parks

STREET ADDRESS (NO P.O. BOX)

665 Via Lido Sound

CITY STATE ZIP CODE AREA CODE/PHONE

Newport Beach CA 92663 (949)

MAILING ADDRESS (IF DIFFERENT)

P.O. Box 1414 Newport Beach, CA 92659

OPTIONAL: FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE

Orange

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE

Attach additional information on appropriately labeled continuation sheets.

OFFICE OF THE CITY CLERK
CITY OF NEWPORT BEACH
NAME OF TREASURER

Tom Bellings

STREET ADDRESS

665 Via Lido Sound

CITY STATE ZIP CODE AREA CODE/PHONE

Newport Beach, CA 92663

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 6/23/05
DATE

By *Tom Bellings*
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