

**Statement of Organization
Recipient Committee**

* CHANGE OF ADDRESS 30

Type or print in ink

Statement Type Initial
Not yet qualified or

Amendment
List I.D. number:

Termination - See Part 6
List I.D. number:

1266975

05 MAR 31 19:02

Date qualified as committee

7, 19, 04
Date qualified as committee
(if applicable)

OFFICE OF THE CITY CLERK
CITY OF NEWPORT BEACH
Date of Termination

Date Stamp

RECEIVED

RECEIVED

OFFICE OF THE SECRETARY OF STATE
of the State of California

FEB 16 2005

KEVIN SHELLEY, Secretary of State

Official Use Only

CALIFORNIA FORM 410

MAR 15 2005

1. Committee Information

NAME OF COMMITTEE

Protect Our Parks

STREET ADDRESS (NO PO. BOX)

PO Box 1414

CITY STATE ZIP CODE AREA CODE/PHONE

Newport Beach, CA 92659 394-7640

MAILING ADDRESS (IF DIFFERENT)

Same

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.

2. Treasurer and Other Principal Officers

MAR 21 2005

NAME OF TREASURER

Tom Billings

STREET ADDRESS

PO Box 1414

CITY STATE ZIP CODE AREA CODE/PHONE

Newport Beach, CA 92659

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 3-9-05
DATE

By [Signature]
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