

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

<p><b>RECEIVED</b></p> <p><small>Date Stamp</small></p> <p>AUG 14 PM 12: 43</p> <p>OFFICE OF THE CITY CLERK CITY OF NEWPORT BEACH</p>	<p><b>CALIFORNIA FORM 460</b></p>
	<p>Page <u>1</u> of <u>4</u></p> <p>For Official Use Only</p>

<p>Statement covers period from <u>01-01-06</u> through <u>06-30-06</u></p>	<p>Date of election if applicable (Month, Day, Year)</p>
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SEE INSTRUCTIONS ON REVERSE

**1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.**

- |   |   |
|---|---|
| <p><input type="checkbox"/> Officeholder, Candidate Controlled Committee</p> <p><input type="radio"/> State Candidate Election Committee</p> <p><input type="radio"/> Recall<br/><small>(Also Complete Part 5)</small></p> <p><input type="checkbox"/> General Purpose Committee</p> <p><input type="radio"/> Sponsored</p> <p><input type="radio"/> Small Contributor Committee</p> <p><input type="radio"/> Political Party/Central Committee</p> | <p><input checked="" type="checkbox"/> Primarily Formed Ballot Measure Committee</p> <p><input type="radio"/> Controlled</p> <p><input type="radio"/> Sponsored<br/><small>(Also Complete Part 6)</small></p> <p><input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee<br/><small>(Also Complete Part 7)</small></p> |
|---|---|

**2. Type of Statement:**

- |  |  |
|--|--|
| <p><input type="checkbox"/> Preelection Statement</p> <p><input checked="" type="checkbox"/> Semi-annual Statement</p> <p><input type="checkbox"/> Termination Statement<br/><small>(Also file a Form 410 Termination)</small></p> <p><input type="checkbox"/> Amendment (Explain below)</p> | <p><input type="checkbox"/> Quarterly Statement</p> <p><input type="checkbox"/> Special Odd-Year Report</p> <p><input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495</p> |
|--|--|

**3. Committee Information**

I.D. NUMBER 1266975

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Protect Our Parks

STREET ADDRESS (NO P.O. BOX)

665 Via Lido Sand

CITY STATE ZIP CODE AREA CODE/PHONE

Newport Beach, CA 92663 (949)

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

P.O. Box 1414

CITY STATE ZIP CODE AREA CODE/PHONE

Newport Beach, CA 92659 (949)

OPTIONAL: FAX / E-MAIL ADDRESS

675-6465

**Treasurer(s)**

NAME OF TREASURER

Tom Bellings

MAILING ADDRESS

P.O. Box 1414

CITY STATE ZIP CODE AREA CODE/PHONE

Newport Beach, CA (949) 675-6465

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

**4. Verification**

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules 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 \_\_\_\_\_ Date

Executed on \_\_\_\_\_ Date

Executed on \_\_\_\_\_ Date

Executed on \_\_\_\_\_ Date

By [Signature] Signature of Treasurer or Assistant Treasurer

By \_\_\_\_\_ Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By \_\_\_\_\_ Signature of Controlling Officeholder, Candidate, State Measure Proponent

By \_\_\_\_\_ Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Campaign Disclosure Statement  
Summary Page**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>01-01-06</u>	<b>CALIFORNIA FORM 460</b>
through <u>06-30-06</u>	
Page <u>2</u> of <u>4</u>	I.D. NUMBER <u>1266975</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

*Protect Our Parks*

**Contributions Received**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions ..... Schedule A, Line 3	\$ <u>1500</u>	\$ <u>1500</u>
2. Loans Received ..... Schedule B, Line 3	\$ <u>0</u>	\$ <u>0</u>
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2	\$ <u>1500</u>	\$ <u>1500</u>
4. Nonmonetary Contributions ..... Schedule C, Line 3	\$ <u>0</u>	\$ <u>0</u>
5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4	\$ <u>1500</u>	\$ <u>1500</u>

**Calendar Year Summary for Candidates  
Running in Both the State Primary and  
General Elections**

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

**Expenditures Made**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made ..... Schedule E, Line 4	\$ <u>1,343.68</u>	\$ <u>1,343.68</u>
7. Loans Made ..... Schedule H, Line 3	\$ <u>0</u>	\$ <u>0</u>
8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7	\$ <u>1,343.68</u>	\$ <u>1,343.68</u>
9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3	\$ <u>0</u>	\$ <u>0</u>
10. Nonmonetary Adjustment ..... Schedule C, Line 3	\$ <u>0</u>	\$ <u>0</u>
11. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10	\$ <u>1,343.68</u>	\$ <u>1,343.68</u>

**Expenditure Limit Summary for State  
Candidates**

22. Cumulative Expenditures Made\*  
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
____/____/____	\$ _____
____/____/____	\$ _____

**Current Cash Statement**

12. Beginning Cash Balance ..... Previous Summary Page, Line 16	\$ <u>170</u>
13. Cash Receipts ..... Column A, Line 3 above	\$ <u>1,500</u>
14. Miscellaneous Increases to Cash ..... Schedule I, Line 4	\$ <u>0</u>
15. Cash Payments ..... Column A, Line 8 above	\$ <u>1,343.68</u>
16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>326.32</u>

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

\*Amounts in this section may be different from amounts reported in Column B.

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 2 \$ 0

**Cash Equivalents and Outstanding Debts**

18. Cash Equivalents ..... See instructions on reverse	\$ <u>0</u>
19. Outstanding Debts ..... Add Line 2 + Line 9 in Column B above	\$ <u>0</u>

**Schedule A  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from <u>01-21-06</u> through <u>06-30-06</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>3</u> of <u>4</u>
I.D. NUMBER <u>1266975</u>	

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

*Protect Our Parks*

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
5/25	Joe O'Hara	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	500	500	
6/21	Central Newport Balboa Assn	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Non-profit organization	1000	1000	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL \$</b>				<u>1,500</u>	<u>1,500</u>	

**Schedule A Summary**

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 1,500
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ 0
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 1,500

\*Contributor Codes  
 IND – Individual  
 COM – Recipient Committee  
       (other than PTY or SCC)  
 OTH – Other (e.g., business entity)  
 PTY – Political Party  
 SCC – Small Contributor Committee

**Schedule E  
Payments Made**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULEE

Statement covers period from <u>01-01-06</u>	<b>CALIFORNIA FORM 460</b>
through <u>06-30-06</u>	
Page <u>4</u> of <u>4</u>	I.D. NUMBER <u>1266975</u>

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**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- |  |  |  |
|--|--|--|
| <b>CMP</b> campaign paraphernalia/misc.                                  | <b>MBR</b> member communications                     | <b>RAD</b> radio airtime and production costs                        |
| <b>CNS</b> campaign consultants  | <b>MTG</b> meetings and appearances                  | <b>RFD</b> returned contributions                                    |
| <b>CTB</b> contribution (explain nonmonetary)*                           | <b>OFC</b> office expenses                           | <b>SAL</b> campaign workers' salaries                                |
| <b>CVC</b> civic donations   | <b>FET</b> petition circulating                      | <b>TEL</b> t.v. or cable airtime and production costs                |
| <b>FIL</b> candidate filing/ballot fees                                  | <b>PHO</b> phone banks                               | <b>TRC</b> candidate travel, lodging, and meals                      |
| <b>FND</b> fundraising events  | <b>POL</b> polling and survey research               | <b>TRS</b> staff/spouse travel, lodging, and meals                   |
| <b>IND</b> independent expenditure supporting/opposing others (explain)* | <b>POS</b> postage, delivery and messenger services  | <b>TSF</b> transfer between committees of the same candidate/sponsor |
| <b>LEG</b> legal defense   | <b>PRO</b> professional services (legal, accounting) | <b>VOT</b> voter registration  |
| <b>LIT</b> campaign literature and mailings                              | <b>PRT</b> print ads                                 | <b>WEB</b> information technology costs (internet, e-mail)           |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<i>Rubber Netman Design</i>	<i>PRO</i>	<i>Landscape / Park design</i>	<i>700</i>
<i>William Simpson &amp; Associates, INC. 151 Kalamus Dr. Coster Mass, MA 02626</i>	<i>PRO</i>	<i>Marine surveying</i>	<i>611.68</i>

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 1311.68

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ <u>1311.68</u>
2. Unitemized payments made this period of under \$100	\$ <u>32</u>
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ <u>0</u>
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ <u>1343.68</u>