

**Statement of Organization
Recipient Committee**

Type or print in ink

STATEMENT OF ORGANIZATION

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: 2007 FEB - 1 AM 10:44
 # 1293115
 01/15/2007
 Date of Termination

RECEIVED Date Stamp

CALIFORNIA FORM 410
 For Official Use Only
Postmarked 1/31/07

OFFICE OF
 THE CITY CLERK
 CITY OF NEWPORT BEACH

1. Committee Information

NAME OF COMMITTEE
 Protect Newport Beach Country Club

STREET ADDRESS (NO PO. BOX)
 3334 E Coast Hwy #103

CITY STATE ZIP CODE AREA CODE/PHONE
 Corona del Mar, CA 92625 714-540-2295

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE
 Orange Orange

2. Treasurer and Other Principal Officers

NAME OF TREASURER
 Lysa Ray

STREET ADDRESS
 542 Traverse Drive

CITY STATE ZIP CODE AREA CODE/PHONE
 Costa Mesa, CA 92626 714-540-2295

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 1/14/07
 DATE

Executed on _____
 DATE

Executed on _____
 DATE

Executed on _____
 DATE

By *Lysa Ray*
 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