

**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: \_\_\_\_\_  
# 1244460  
6 / 27 / 07  
Date of Termination

Date Stamp  
**RECEIVED**  
2007 JUN 28 AM 10:43  
OFFICE OF  
THE CITY CLERK  
CITY OF NEWPORT BEACH

**CALIFORNIA FORM 410**  
For Official Use Only

**1. Committee Information**

NAME OF COMMITTEE  
COMMITTEE TO ELECT DON WEBB

STREET ADDRESS (NO P.O. BOX)  
1821 MARINERS DRIVE

CITY STATE ZIP CODE AREA CODE/PHONE  
NEWPORT BEACH CA 92660 949.646.3133

MAILING ADDRESS (IF DIFFERENT)  
1970 PORT PROVENCE NEWPORT BEACH, CA 92660

OPTIONAL: FAX / E-MAIL ADDRESS

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  
RAYMOND J. ZARTLER

STREET ADDRESS  
1970 PORT PROVENCE

CITY STATE ZIP CODE AREA CODE/PHONE  
NEWPORT BEACH CA 92660 949.759.9341

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 27 June 07  
DATE

Executed on 27 June 07  
DATE

Executed on \_\_\_\_\_  
DATE

Executed on \_\_\_\_\_  
DATE

By Raymond J. Zartler  
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By [Signature]  
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

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**CALIFORNIA  
FORM 410**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

COMMITTEE TO ELECT DON WEBB

Page 2

I.D. NUMBER

1244460

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

**Controlled Committee**

- 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 (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
DONALD L. WEBB	COUNCIL MEMBER, CITY OF NEWPORT	2006	<input checked="" type="checkbox"/> Non-Partisan
	BEACH, DISTRICT 3		<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 Formed Committee**

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 BALLOT NO. OR LETTER)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY, OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE