

Statement of Organization Recipient Committee

Statement Type

☐ Initial

Not yet qualified ☐ or

☒ Amendment

List I.D. number:

1360420

☐ Termination – See Part 5

List I.D. number:

11 / 13 / 2013

Date qualified as committee

_____/_____/_____
Date qualified as committee
(If applicable)

_____/_____/_____
Date of Termination

Date Stamp	CALIFORNIA FORM 410
	For Official Use Only
	2013 NOV 18 PM 1:24
	OFFICE OF THE CITY CLERK CITY OF NEWPORT BEACH

1. Committee Information

NAME OF COMMITTEE

Tim Brown for Council 2014

STREET ADDRESS (NO P.O. BOX)

562 Vista Flora

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Newport Beach

CA

92660

(949)640-6662

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS

(949)640-6663/timbrown@sbcglobal.net

COUNTY OF DOMICILE

Orange

JURISDICTION WHERE COMMITTEE IS ACTIVE

Newport Beach

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Roger Alford

STREET ADDRESS (NO P.O. BOX)

1862 tustin Ave.

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Newport Beach

CA

92660

(949)645-3199

NAME OF ASSISTANT TREASURER, IF ANY

Dorothy Larson

STREET ADDRESS (NO P.O. BOX)

4910 Campus Drive

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Newport Beach

CA

92660

(949)250-0571

NAME OF PRINCIPAL OFFICER(S)

Timothy Charles Brown

STREET ADDRESS (NO P.O. BOX)

562 Vista Flora

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Newport Beach

CA

92660

(949)640-6662

Attach additional information on appropriately labeled continuation sheets.

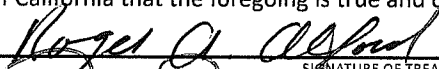
3. Verification

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 11/18/2013

DATE

By



SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 11/18/2013

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

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INSTRUCTIONS ON REVERSE

CALIFORNIA
FORM **410**

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COMMITTEE NAME

Tim Brown for Council 2014

I.D. NUMBER

1360420

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER	
Wells Fargo Bank	(949)721-8437		
ADDRESS	CITY	STATE	ZIP CODE
5 Corporate Plaza	Newport Beach	CA	92660

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 "nonpartisan."
- 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
Timothy Charles Brown	Newport Beach City Council District 4	2014	<input checked="" type="checkbox"/> Nonpartisan
			<input type="checkbox"/> Nonpartisan

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 <input type="checkbox"/>	OPPOSE <input type="checkbox"/>
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>