Statement of Organization Recipient Committee		Type or print in ink			300 0		STATEM	MENT OF ORC	JANIZATION
					Date Stamp CALIFORNIA 110				
Statement Type	☐ Initial Not yet qualified ☐ or	Amendment List I.D. number: # 1290041	Received	mination – See Part 5 number:	REC 2011 AUG	CEIV	FC	ORM For Official Use 0	410 Only
		8 25 06 Date qualified as committee (If applicable)	Date	J e of Termination	O THE CITY OF I	FFICE OF CITY CLE NEWPORT	RK BEAUH		
1. Committee	Information		2. Treasurer and Ot	her Princip	al Offic	ers			
NAME OF COMMITT	OR CITY COUNCIL, 2012			NAME OF TREASURER RAYMOND J. ZARTL STREET ADDRESS	ER				
				1970 PORT PROVEN	ICE				
STREET ADDRESS (NO P.O. BOX)				CITY		STATE	ZIP CODE		ODE/PHONE
627 BAYSIDE DRIVE CITY STATE ZIP CODE AREA CODE/PHONE				NEWPORT BEACH	HOED IF ANY	CA	92660	949.759	.9341
CITY	STAT	NAME OF ASSISTANT TREAS	URER, IF ANY						
CORONA DEL MAR CA 92625 949.723.6383				STREET ADDRESS					
MAILING ADDRESS									
P.O. BOX 12671 NEWPORT BEACH, CA 92658				CITY		STATE	ZIP CODE	AREA C	ODE/PHONE
OPTIONAL: FAX/E	-MAIL ADDRESS								
				NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE					
		HERE COMMITTEE IS ACTIVE IF DIFFERE ITY OF DOMICILE	ENT	MAILING ADDDESS					
ORANGE	3			MAILING ADDRESS					
Attach additional in	nformation on appropriately labele	ed continuation sheets.		CITY		STATE	ZIP CODE	AREA C	ODE/PHONE
perjury under the	easonable diligence in prepari e laws of the State of California e July 2011 DATE	ng this statement and to the best a that the foregoing is true and co By By	of my knov	Raymond Parts SIGNATURE OF	LEN TREASURER OR ASSI	ISTANT TREA	SURER		nalty of
Evenuted an				SIGNATURE OF CONTROLLING OF	FICEHOLDER, CANDID	ATE, OR STAT	TE MEASURE PROF	PONENT	
Executed on	DATE	Ву		SIGNATURE OF CONTROLLING OF	FICEHOLDER, CANDID	ATE, OR STAT	TE MEASURE PROF	PONENT	
Executed on		Ву							
	DATE			SIGNATURE OF CONTROLLING OF	FICEHOLDER, CANDID	ATE, OR STAT	TE MEASURE PROF	PONENT	