

**Statement of Organization
Recipient Committee**

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STATEMENT OF ORGANIZATION

CALIFORNIA FORM 410
For Official Use Only

Statement Type Initial Amendment Termination - See Part 6
 Not yet qualified or List I.D. number: # 1286413
 Date qualified as committee: 7/16/10 Date qualified as committee (if applicable): 06,03,06
 Date of Termination: _____

2010 JUL 20 AM 9:49
OFFICE OF THE CITY CLERK OF NEWPORT BEACH
CITY

1. Committee Information

NAME OF COMMITTEE
NANCY GARDNER FOR CITY COUNCIL, 2010

STREET ADDRESS (NO P.O. BOX)
323 JASMINE AVE.

CITY STATE ZIP CODE AREA CODE/PHONE
CORONA DEL MAR CA 92625 949 673-0706

MAILING ADDRESS (IF DIFFERENT)
P.O. BOX 10901, NEWPORT BEACH CA 92658

OPTIONAL: FAX / E-MAIL ADDRESS
GARDNERNCY@AOL.COM

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

2. Treasurer and Other Principal Officers

NAME OF TREASURER
RAYMOND J. ZARTLER

STREET ADDRESS (NO P.O. BOX)
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 (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
NANCY GARDNER

NAME OF PRINCIPAL OFFICER(S)
323 JASMINE

STREET ADDRESS (NO P.O. BOX)
CORONA DEL MAR CA 92625 949 6730706

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 18 July 2010 DATE
 Executed on 7/16/10 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] SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
 By [Signature] SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

NANCY GARDNER FOR CITY COUNCIL, 2010

I.D. NUMBER

1286413

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
NANCY GARDNER	CITY COUNCIL, NEWPORT BEACH	2010	<input checked="" type="checkbox"/> Non-Partisan
	DISTRICT 6		<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		
USBANK	866 373-7838			
ADDRESS	CITY	STATE	ZIP CODE	
1515 WESTCLIFF DR.	NEWPORT BEACH	CA	92660	

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