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# Statement of Organization Recipient Committee

Type or print in ink

1311244

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 in the  
List I.D. number:

# \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Termination

RECEIVED AND FILED

Office of the Secretary of State  
of the State of California

SEP 11 2008

DEBRA BOWEN  
Secretary of State

CALIFORNIA FORM 410

SEP 29 AM 10:14

OFFICE OF THE CITY CLERK  
CITY OF NEWPORT BEACH

## 1. Committee Information

NAME OF COMMITTEE

Dr. GLORIAN ALKire for Newport Beach City Council

STREET ADDRESS (NO P.O. BOX)

14 BARLOVENTO COURT 92663

CITY STATE ZIP CODE AREA CODE/PHONE

Newport Beach CA 92663 902-4335

MAILING ADDRESS (IF DIFFERENT)

3419 Via Lido BOX 132

OPTIONAL: FAX / E-MAIL ADDRESS

Newport Beach CA 92663

COUNTY OF DOMICILE

Orange

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE

Attach additional information on appropriately labeled continuation sheets.

## 2. Treasurer and Other Principal Officers

NAME OF TREASURER

ED BURCHILL

STREET ADDRESS

#1 ENCOBE CT

CITY STATE ZIP CODE AREA CODE/PHONE

Newport Beach Calif 92663 949-443-1811

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 8-18-08  
DATE

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

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

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

By   
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