

**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:  
 # 1311244  
9.17.08  
 Date qualified as committee  
 (if applicable)

Termination - See Part 5  
 List I.D. number:  
 # \_\_\_\_\_  
 \_\_\_\_\_  
 Date of Termination

Date Stamp  
**RECEIVED**  
 2008 SEP 29 PM 1:29  
 OFFICE OF  
 THE CITY CLERK  
 CITY OF NEWPORT BEACH

**CALIFORNIA  
FORM 410**

For Official Use Only

**1. Committee Information**

NAME OF COMMITTEE  
Dr. Gloria J. Alkire For  
Newport Beach City Council  
 STREET ADDRESS (NO P.O. BOX)  
3419 Via Lido #132  
 CITY STATE ZIP CODE AREA CODE/PHONE  
Newport Beach CA 92663 (949) 922-4335  
 MAILING ADDRESS (IF DIFFERENT)  
 \_\_\_\_\_  
 OPTIONAL: FAX / E-MAIL ADDRESS  
 \_\_\_\_\_  
 COUNTY OF DOMICILE  
Orange  
 COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT  
 THAN COUNTY OF DOMICILE  
 \_\_\_\_\_

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER  
Ed Burchill  
 STREET ADDRESS  
 \_\_\_\_\_  
 CITY STATE ZIP CODE AREA CODE/PHONE  
 \_\_\_\_\_  
 NAME OF ASSISTANT TREASURER, IF ANY  
Sally Yakinian  
 STREET ADDRESS  
11011 Bartlett Ln #1  
 CITY STATE ZIP CODE AREA CODE/PHONE  
H.B. CA 92647 (714) 757-8145  
 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 9/27/08  
 Executed on 9/27/08  
 Executed on \_\_\_\_\_  
 Executed on \_\_\_\_\_

By Sally Yakinian  
 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

Statement of Organization  
Recipient Committee

STATEMENT OF ORGANIZATION

CALIFORNIA FORM 410

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Dr. Gloria J. Aikire For Newport Beach City Council

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I.D. NUMBER

1311244

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
Dr. Gloria J. Aikire	City Council / District #2	2008	<input type="checkbox"/> Non-Partisan
			<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	
Bank of America	714 973-8495	3122000661	
ADDRESS	CITY	STATE	ZIP CODE
1016 Irvine Ave	Newport Beach	CA	92663

**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

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09/29/2008