

**Statement of Organization
Recipient Committee**

Type or print in ink

Statement Type Initial
Not yet qualified or

03/08/2006
Date qualified as committee

Amendment
List I.D. number: # _____

Date qualified as committee
(if applicable)

Termination - See Part 5
List I.D. number: # _____

Date of Termination

Date Stamp RECEIVED 06 MAR 14 A9:18 OFFICE OF THE CITY CLERK CITY OF NEWPORT BEACH	STATEMENT OF ORGANIZATION CALIFORNIA FORM 410 For Official Use Only
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1. Committee Information

NAME OF COMMITTEE
BV to Win - Barbara Venezia for City Council

STREET ADDRESS (NO PO. BOX)
20301 SW Cypress Street

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Newport Beach, CA		92660	949-851-3922

MAILING ADDRESS (IF DIFFERENT)
PO Box 10395
Newport Beach, CA 92658

OPTIONAL: FAX / E-MAIL ADDRESS
949-833-2624

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

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Betty Presley

STREET ADDRESS
30151 Tomas

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Rancho Sta Margarita, CA		92688	949-858-7448

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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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 03/06/2006 DATE
Executed on X 3/7/06 DATE
Executed on _____ DATE
Executed on _____ DATE

By Betty Presley
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By X B. Venezia
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

BV to Win - Barbara Venezia for City Council

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I.D. NUMBER

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
Barbara Venezia-Tkaczyk	City Council Member Newport Beach	2006	<input checked="" 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	951-736-7089	02428 51699
ADDRESS	CITY	STATE
204 E Sixth Street	Corona	CA
		ZIP CODE
		92879

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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INSTRUCTIONS ON REVERSE

COMMITTEE NAME
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I.D. NUMBER

4. Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

- CITY Committee COUNTY Committee STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

Small Contributor Committee

____/____/____
Date qualified

Check box and provide the date this committee qualified as a small contributor committee. If the committee qualified as a small contributor committee on January 1, 2001, enter 1/1/01.

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
 - This committee does not anticipate receiving contributions or making expenditures in the future;
 - This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
 - This committee has no surplus funds; and
 - This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
- Additional filing obligations will be incurred if, after terminating, the committee receives or spends any funds, or receives the forgiveness of a loan, repayments of loans made to others, or any other receipts.