Statement of Organization
Recipient Committee

ADDRESS CHANGE

Statement Type

☐ Initial — Not yet qualified ☐ or

☑ Amendment — List I.D. number: # 821756

☐ Termination – See Part 5 — List I.D. number: #

___/___/___ Date qualified as committee

___/___/___ Date qualified as committee (If applicable)

___/___/___ Date of Termination

Date Stamp: RECEIVED 2014 JUN 19 AM 10: 19 OFFICE OF THE CITY CLERK CITY OF NEWPORT BEACH

CALIFORNIA FORM 410

For Official Use Only

1. Committee Information

NAME OF COMMITTEE: BUSINESS & COMMUNITY POLITICAL ACTION COMMITTEE OF NEWPORT BEACH

STREET ADDRESS (NO P.O. BOX): 901 DOVER DRIVE, SUITE 200

CITY / STATE / ZIP CODE / AREA CODE/PHONE: NEWPORT BEACH, CA 92660-2500 (949)640-0588

MAILING ADDRESS (IF DIFFERENT): SAME

FAX / E-MAIL ADDRESS: BARONCPA@AOL.COM

COUNTY OF DOMICILE: ORANGE

JURISDICTION WHERE COMMITTEE IS ACTIVE: NEWPORT BEACH, CA

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER: NO CHANGE

STREET ADDRESS (NO P.O. BOX)

CITY / STATE / ZIP CODE / AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY / STATE / ZIP CODE / AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

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 JUN - 9 2014 (DATE) By [signature] (SIGNATURE OF TREASURER OR ASSISTANT TREASURER)

Executed on JUN 18 2014 (DATE) By [signature] (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT)

Executed on ___ (DATE) By ___ (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT)

Executed on ___ (DATE) By ___ (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT)

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA FORM 410

COMMITTEE NAME: BUSINESS & COMMUNITY POLITICAL ACTION COMMITTEE OF NEWPORT BEACH

I.D. NUMBER: 821756

- **All committees must list the financial institution where the campaign bank account is located.**

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER
WELLS FARGO BANK	(800) 225-5935	

ADDRESS	CITY	STATE	ZIP CODE
PO BOX 6995	PORTLAND,	OR	97228-6995

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 "nonpartisan."
- 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
N/A			☐ Nonpartisan
			☐ Nonpartisan

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	CHECK ONE: OPPOSE
N/A - MAY SELECT ONE IN THE FUTURE		☐	☐
		☐	☐

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA FORM 410

COMMITTEE NAME: BUSINESS & COMMUNITY POLITICAL ACTION COMMITTEE OF NEWPORT BEACH

I.D. NUMBER: 821756

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

NONE SELECTED AT PRESENT TIME.

Sponsored Committee List additional sponsors on an attachment.

NAME OF SPONSOR	INDUSTRY GROUP OR AFFILIATION OF SPONSOR
N/A	

STREET ADDRESS	NO. AND STREET	CITY	STATE	ZIP CODE

Small Contributor Committee ☐ ____/____/____ Date qualified

N/A

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.

-- Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.