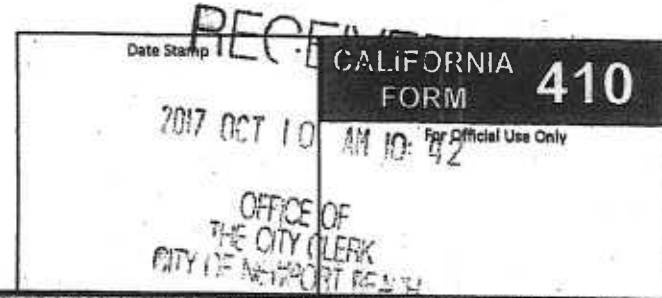


**Statement of Organization
Recipient Committee**

Statement Type Initial Amendment Termination - See Part 5
 Not yet qualified
 OF
 Date qualified as committee _____

 Date qualified as committee _____
 (If amending to provide this date) _____

 Date of termination _____



1. Committee Information I.D. Number (If applicable) **2. Treasurer and Other Principal Officers**

NAME OF COMMITTEE
Joy For Newport Election Committee 2018

STREET ADDRESS (NO P.O. BOX)
615 1/2 Marguerite

CITY STATE ZIP CODE AREA CODE/PHONE
Corona del Mar CA 92625 949/200-9993

MAILING ADDRESS (IF DIFFERENT)
P. O. Box 13251, Newport Beach, CA 92658

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)
Joy@JoyForNewport.com

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
Orange Newport Beach

NAME OF TREASURER
Richard Weaver

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

CITY STATE ZIP CODE AREA CODE/PHONE
Newport Beach CA 92660 949/278-2437

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)
Clyda Joy Brenner

STREET ADDRESS (NO P.O. BOX)
615 1/2 Marguerite

CITY STATE ZIP CODE AREA CODE/PHONE
Corona del Mar CA 92625 949/200-9993

Attach additional information on appropriately labeled continuation sheets.

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 10/10/2017 By Richard H. Weaver

 SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 10/9/2017 By Clyda Joy Brenner

 SIGNATURE OF CONTROLLING OFFICER, HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____

 SIGNATURE OF CONTROLLING OFFICER, HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____

 SIGNATURE OF CONTROLLING OFFICER, HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT