

**Statement of Organization
Recipient Committee**

Statement Type Initial Amendment Termination - See Part 5
 Not yet qualified or List I.D. number: # _____
 Date qualified as committee: 8/23/13 Date qualified as committee (if applicable): _____ Date of Termination: _____

Date Stamp: **REC**
 2013 SEP - 6 PM 3:57
CALIFORNIA FORM 410
 For Official Use Only
 OFFICE OF THE CITY CLERK
 CITY OF NEWPORT BEACH

1. Committee Information

NAME OF COMMITTEE: STAPLETON FOR NEWPORT BEACH CITY COUNCIL 2014
 STREET ADDRESS (NO P.O. BOX): 142 47th ST
 CITY: NEWPORT BEACH STATE: CA ZIP CODE: 92663 AREA CODE/PHONE: (949)922-6304
 MAILING ADDRESS (IF DIFFERENT): _____
 FAX / E-MAIL ADDRESS: joems55@gmail.com
 COUNTY OF DOMICILE: ORANGE JURISDICTION WHERE COMMITTEE IS ACTIVE: NEWPORT BEACH

2. Treasurer and Other Principal Officers

NAME OF TREASURER: GEORGE LESLEY
 STREET ADDRESS (NO P.O. BOX): 2 SAN JOAQUIN PLAZA, STE 250
 CITY: NEWPORT BEACH STATE: CA ZIP CODE: 92660 AREA CODE/PHONE: (949)650-2771
 NAME OF ASSISTANT TREASURER, IF ANY: MORGAN CHRISTEN
 STREET ADDRESS (NO P.O. BOX): 2601 MAIN ST, STE 700
 CITY: IRVINE STATE: CA ZIP CODE: 92614 AREA CODE/PHONE: (949)794-1029
 NAME OF PRINCIPAL OFFICER(S): JOSEPH M. STAPLETON
 STREET ADDRESS (NO P.O. BOX): 142 47th ST
 CITY: NEWPORT BEACH STATE: CA ZIP CODE: 92663 AREA CODE/PHONE: (949)922-6304

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 8/20/13 By [Signature]
 DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER
 Executed on 8/26/13 By [Signature]
 DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
 Executed on _____ By _____
 DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
 Executed on _____ By _____
 DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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COMMITTEE NAME

STAPLETON FOR NEWPORT BEACH CITY COUNCIL 2014

I.D. NUMBER

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

NAME OF FINANCIAL INSTITUTION WELLS FARGO BANK	AREA CODE/PHONE (949) 515-8660	BANK ACCOUNT NUMBER	
ADDRESS 2750 WEST COAST HIGHWAY	CITY NEWPORT BEACH	STATE CA	ZIP CODE 92663

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
JOSEPH M. STAPLETON	NEWPORT BEACH CITY COUNCIL DISTRICT 1	2014	<input checked="" type="checkbox"/> Nonpartisan
			<input type="checkbox"/> 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	
JOSEPH M. STAPLETON	NEWPORT BEACH CITY COUNCIL DISTRICT 1	<input checked="" type="checkbox"/> SUPPORT	<input type="checkbox"/> OPPOSE
		<input type="checkbox"/> SUPPORT	<input type="checkbox"/> OPPOSE

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I.D. NUMBER

COMMITTEE NAME

STAPLETON FOR NEWPORT BEACH CITY COUNCIL 2014

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

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.