

**Statement of Organization
Recipient Committee**

Statement Type Initial Amendment Termination - See Part 5
 Not yet qualified or
 List I.D. number: # 1360953
 Date qualified as committee: / /
 Date qualified as committee (if applicable): / /
 Date of Termination: / /

Date Stamp
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1. Committee Information

NAME OF COMMITTEE
Stapleton for Newport Beach City Council 2018
 STREET ADDRESS (NO P.O. BOX)
142 47th St
 CITY STATE ZIP CODE AREA CODE/PHONE
Newport Beach CA 92663 (949)922-6304
 MAILING ADDRESS (IF DIFFERENT)
 FAX / E-MAIL ADDRESS
joems55@gmail.com
 COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
Orange Newport Beach

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER
George Lesley
 STREET ADDRESS (NO P.O. BOX)
4685 MacArthur Court, Ste 300
 CITY STATE ZIP CODE AREA CODE/PHONE
Newport Beach CA 92660 (949)650-2771
 NAME OF ASSISTANT TREASURER, IF ANY
 STREET ADDRESS (NO P.O. BOX)
 CITY STATE ZIP CODE AREA CODE/PHONE
 NAME OF PRINCIPAL OFFICER(S)
Joseph M. Stapleton
 STREET ADDRESS (NO P.O. BOX)
142 47th St
 CITY STATE ZIP CODE AREA CODE/PHONE
Newport Beach CA 92663 (949)922-6304

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 02/20/2015 By [Signature]
 DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER
 Executed on 02/20/2015 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