

**Statement of Organization
Recipient Committee**

Statement Type Initial Amendment Termination - See Part 5
 Not yet qualified or List I.D. number: # _____
 # 1363656
 _____/_____/____ Date qualified as committee _____/_____/____ Date qualified as committee (if applicable) 12, 20, 2014 Date of Termination

| | |
|---|---|
| RECEIVED 2014 DEC 23 PM 3: 5 OFFICE OF THE CITY CLERK CITY OF NEWPORT BEACH | CALIFORNIA FORM 410 For Official Use Only |
|---|---|

1. Committee Information **2. Treasurer and Other Principal Officers**

NAME OF COMMITTEE
ROY ENGLEBRECHT FOR CITY COUNCIL 2014
 STREET ADDRESS (NO P.O. BOX)
2012 VISTA CATON
 CITY STATE ZIP CODE AREA CODE/PHONE
NEWPORT BEACH CA 92660 949-760-9223
 MAILING ADDRESS (IF DIFFERENT)

 FAX / E-MAIL ADDRESS
714-429-7903 - ROYWB77@AOL.COM
 COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
ORANGE NEWPORT BEACH

NAME OF TREASURER
ROY ENGLEBRECHT
 STREET ADDRESS (NO P.O. BOX)
2012 VISTA CATON
 CITY STATE ZIP CODE AREA CODE/PHONE
NEWPORT BEACH CA 92660 949-760-9223
 NAME OF ASSISTANT TREASURER, IF ANY

 STREET ADDRESS (NO P.O. BOX)

 CITY STATE ZIP CODE AREA CODE/PHONE

 NAME OF PRINCIPAL OFFICER(S)
ROY ENGLEBRECHT
 STREET ADDRESS (NO P.O. BOX)
2012 VISTA CATON
 CITY STATE ZIP CODE AREA CODE/PHONE
NEWPORT BEACH CA 92660 949-760-9223

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 12-20-14 By [Signature]
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER
 Executed on 12-20-14 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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Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

ROY ENGBLEB RECHT FOR CITY COUNCIL 2014

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I.D. NUMBER

1363656

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

| | | | | |
|---|-----------------------|---------------------------------|---------------------|--|
| NAME OF FINANCIAL INSTITUTION UNION BANK | | AREA CODE/PHONE 949-644-3800 | BANK ACCOUNT NUMBER | |
| ADDRESS 1660 SAN MATEO | CITY NEWPORT BEACH | STATE CA | ZIP CODE 92660 | |

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 |
|--|---|------------------|--|
| ROY ENGBLEB RECHT | NEWPORT BEACH CITY COUNCIL #4 | 2014 | <input type="checkbox"/> Nonpartisan REPUBLICAN |
| | | | <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 | |
|---|--|--------------------------|--------------------------|
| | | SUPPORT | OPPOSE |
| | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> |

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA
FORM 410

COMMITTEE NAME

ROX BURBANKS FOR CITY COUNCIL 2014

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I.D. NUMBER

1363656

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

FORM SO I COULD RUN FOR COUNCIL. DID NOT ACCEPT ANY DONATIONS!

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.