

**Statement of Organization  
Recipient Committee**

Statement Type

Initial

Not yet qualified  or

04 / 13 / 2015

Date qualified as committee

Amendment

List I.D. number:

# \_\_\_\_\_

Date qualified as committee  
(if applicable)

Termination – See Part 5

List I.D. number:

# \_\_\_\_\_

Date of Termination

RECEIVED  
Date Stamp  
2015 APR 20 AM 11:15  
OFFICE OF  
THE CITY CLERK  
CITY OF NEWPORT BEACH

**CALIFORNIA FORM 410**  
For Official Use Only

**1. Committee Information**

NAME OF COMMITTEE

Tony Petros for Newport Beach City Council 2016

STREET ADDRESS (NO P.O. BOX)

2321 Holly Lane, Newport Beach CA 92663

CITY STATE ZIP CODE AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS

na

COUNTY OF DOMICILE

Orange

JURISDICTION WHERE COMMITTEE IS ACTIVE

Newport Beach, CA

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER

Kristen Petros

STREET ADDRESS (NO P.O. BOX)

2321 Holly Lane, Newport Beach, CA 92663

CITY STATE ZIP CODE AREA CODE/PHONE

949-553-0666

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

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 4/14/15 By Kristen Petros  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 4/14/15 By [Signature]  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROONENT

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME  
**Tony Petros for Newport Beach City Council 2016**

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

NAME OF FINANCIAL INSTITUTION <b>Bank of America</b>	AREA CODE/PHONE <b>(949)764-2600</b>	BANK ACCOUNT NUMBER <b>3250-1344-7186</b>
ADDRESS <b>1016 Irvine Ave, Newport Beach, CA 92660</b>	CITY	STATE ZIP CODE

**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
<b>Tony Petros</b>	<b>Newport Beach City Council-District #2</b>	<b>2016</b>	<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	
		SUPPORT	OPPOSE
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>