Statement of Organization Recipient Committee

Statement Type [ ] Initial
[ ] Amendment
[ ] Termination – See Part 5

Not yet qualified [ ] or

8/23/13
Date qualified as committee

Date qualified as committee (if applicable)

Date of Termination

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
jooms55@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
92604
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

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 8/23/13
By

Executed on 8/23/13
By

Executed on
By

Executed on
By

FPPC Form 410 (Dec/2012)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
**Statement of Organization**
**Recipient Committee**

**INSTRUCTIONS ON REVERSE**

<table>
<thead>
<tr>
<th>COMMITTEE NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>STAPLETON FOR NEWPORT BEACH CITY COUNCIL 2014</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>NAME OF FINANCIAL INSTITUTION</th>
<th>AREA CODE/PHONE</th>
<th>BANK ACCOUNT NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>WELLS FARGO BANK</td>
<td>(949) 515-8660</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>2750 WEST COAST HIGHWAY</td>
<td>NEWPORT BEACH</td>
<td>CA</td>
<td>92663</td>
</tr>
</tbody>
</table>

**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.

<table>
<thead>
<tr>
<th>NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT</th>
<th>ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)</th>
<th>YEAR OF ELECTION</th>
<th>PARTY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joseph M. Stapleton</td>
<td>Newport Beach City Council</td>
<td>2014</td>
<td>☑ Nonpartisan</td>
</tr>
</tbody>
</table>

**Primarily Formed Committee** Primarily formed to support or oppose specific candidates or measures in a single election. List below:

<table>
<thead>
<tr>
<th>CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)</th>
<th>CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)</th>
<th>CHECK ONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joseph M. Stapleton</td>
<td>Newport Beach City Council District 1</td>
<td>☑ Support</td>
</tr>
</tbody>
</table>
4. Type of Committee

   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
PO. 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.