Statement of Organization
Recipient Committee

1. Committee Information

NAME OF COMMITTEE
Stapleton for Newport Beach City Council 2018

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

COUNTRY OF DOMICILE
Orange

JURISDICTION WHERE COMMITTEE IS ACTIVE
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 
Newport Beach

STATE 
CA

ZIP CODE 
92660

AREA CODE/PHONE 
(949)966-2771

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 
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 02/20/2015
By [Signature]

Executed on 02/20/2015
By [Signature]

Executed on
By [Signature]

Executed on
By [Signature]

FPPC Form 410 (Dec/2012)
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