

**Officeholder and Candidate
Campaign Statement –
Short Form**

(Government Code Section 84206)

Type or print in ink.

SHORT FORM

Date Stamp RECEIVED	CALIFORNIA FORM 470
'05 FEB -2 P 3:11	For Official Use Only

Date of election if applicable: (Month, Day, Year) _____ _____	<input type="checkbox"/> Amendment (Explain Below) _____ _____
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OFFICE OF THE CITY CLERK
CITY OF NEWPORT BEACH

1. Statement Covers Calendar Year 2004.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Leslie Dargle

STREET ADDRESS
2201 Vista Huerta

CITY STATE ZIP CODE
Newport Beach, CA 92660

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
(949) 233-4869

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Council Member

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
Newport Beach 4

4. Committee Information

List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$1,000 and that I will spend less than \$1,000 during the calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on Feb 2, 2005
DATE

By [Signature]
SIGNATURE OF OFFICEHOLDER OR CANDIDATE