Recipient Committee Campaign Statement
Cover Page
(Government Code Sections 84200-84216.5)

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee:  All Committees – Complete Parts 1, 2, 3, and 4.
   - [X] Officeholder, Candidate Controlled Committee
   - [ ] State Candidate Election Committee
   - [ ] Recall
     (Also Complete Part 5)
   - [ ] General Purpose Committee
     - [ ] Sponsored
     - [ ] Small Contributor Committee
     - [ ] Political Party/Central Committee
   - [ ] Primarily Formed Ballot Measure Committee
     - [ ] Controlled
     - [ ] Sponsored
     (Also Complete Part 6)
   - [ ] Primarily Formed Candidate/Officeholder Committee
     (Also Complete Part 7)

2. Type of Statement:
   - [ ] Preelection Statement
   - [X] Quarterly Statement
   - [ ] Semi-annual Statement
   - [ ] Special Odd-Year Report
   - [ ] Termination Statement
     (Also file a Form 410 Termination)
   - [ ] Amendment (Explain below)
   - [ ] Supplemental Preelection Statement - Attach Form 495

3. Committee Information
   I.D. NUMBER
   1360953

   COMMITTEE NAME (OR CANDIDATE’S NAME IF NO COMMITTEE)
   Stapleton for Newport Beach City Council 2018

   STREET ADDRESS (NO P.O. BOX)

   CITY
   Corona Del Mar
   STATE
   CA
   ZIP CODE
   92625
   AREA CODE/PHONE
   (949) 922-6304

   MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

   CITY
   Corona Del Mar
   STATE
   CA
   ZIP CODE
   92625
   AREA CODE/PHONE
   (949) 922-6304

   OPTIONAL: FAX / E-MAIL ADDRESS
   joems55@gmail.com
   GLesley@glesley-cpa.com

4. Verification
   I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules 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 07/18/2018
   By George Lesley

   Executed on 07/18/2018
   By Joseph Stapleton

   Executed on
   By

   Executed on
   By

   Executed on
   By

   Executed on
   By

   Date

   Date

   Date

   Date
5. Officeholder or Candidate Controlled Committee

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Joseph Stapleton</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)**

City Council Member City Council: City of Newport Beach District 6

**RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP**

Corona Del Mar CA 92625

**Related Committees Not Included in this Statement:** List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

<table>
<thead>
<tr>
<th>COMMITTEE NAME</th>
<th>I.D. NUMBER</th>
<th>CONTROLLED COMMITTEE?</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME OF TREASURER</td>
<td></td>
<td>YES</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
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</table>

6. Primarily Formed Ballot Measure Committee

<table>
<thead>
<tr>
<th>NAME OF BALLOT MEASURE</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
</table>

**BALLOT NO. OR LETTER JURISDICTION**

**Identify the controlling officeholder, candidate, or state measure proponent, if any.**

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT</th>
<th></th>
<th></th>
</tr>
</thead>
</table>

**OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY**

7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD</th>
<th>SUPPORT</th>
<th>OPPOSE</th>
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</tbody>
</table>

*Attach continuation sheets if necessary*
### Contributions Received

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Monetary Contributions</td>
<td>Schedule A, Line 3</td>
<td>$0.00</td>
</tr>
<tr>
<td>2.</td>
<td>Loans Received</td>
<td>Schedule B, Line 3</td>
<td>$0.00</td>
</tr>
<tr>
<td>3.</td>
<td>SUBTOTAL CASH CONTRIBUTIONS</td>
<td>Add Lines 1 + 2</td>
<td>$0.00</td>
</tr>
<tr>
<td>4.</td>
<td>Nonmonetary Contributions</td>
<td>Schedule C, Line 3</td>
<td>$0.00</td>
</tr>
<tr>
<td>5.</td>
<td>TOTAL CONTRIBUTIONS RECEIVED</td>
<td>Add Lines 3 + 4</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

### Expenditures Made

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.</td>
<td>Payments Made</td>
<td>Schedule E, Line 4</td>
<td>$0.00</td>
</tr>
<tr>
<td>7.</td>
<td>Loans Made</td>
<td>Schedule H, Line 3</td>
<td>$0.00</td>
</tr>
<tr>
<td>8.</td>
<td>SUBTOTAL CASH PAYMENTS</td>
<td>Add Lines 6 + 7</td>
<td>$0.00</td>
</tr>
<tr>
<td>9.</td>
<td>Accrued Expenses (Unpaid Bills)</td>
<td>Schedule F, Line 3</td>
<td>$0.00</td>
</tr>
<tr>
<td>10.</td>
<td>Nonmonetary Adjustment</td>
<td>Schedule C, Line 3</td>
<td>$0.00</td>
</tr>
<tr>
<td>11.</td>
<td>TOTAL EXPENDITURES MADE</td>
<td>Add Lines 8 + 9 + 10</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

### Current Cash Statement

- **Beginning Cash Balance**: $15,196.32
- **Ending Cash Balance**: $15,196.32

### Cash Equivalents and Outstanding Debts

- **Cash Equivalents**: $0.00
- **Outstanding Debts**: $0.00

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**Calendar Year Summary for Candidates Running in Both the State Primary and General Elections**

- **Contributions Received**: $15,196.32
- **Expenditures Made**: $15,196.32

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**Expenditure Limit Summary for State Candidates**

- **Date of Election**: 01/01/2018
- **To Date**: $0.00

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*Amounts in this section may be different from amounts reported in Column B.*

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To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).