

**Statement of Organization
Recipient Committee**

Type or print in ink

STATEMENT OF ORGANIZATION

Statement Type

Initial
Not yet qualified or

Amendment
List I.D. number:
1277702

Date qualified as committee
(if applicable)

Termination - See Part 5
List I.D. number:

Date of Termination

| | |
|--|-------------------------------|
| RECEIVED 2010 MAR 16 AM 11:50 OFFICE OF THE CITY CLERK CITY OF NEWPORT BEACH | CALIFORNIA FORM 410 |
| | For Official Use Only |

1. Committee Information

NAME OF COMMITTEE
LESLIE DAIGLE FOR NEWPORT BEACH CITY COUNCIL, 2010

STREET ADDRESS (NO P.O. BOX)
1970 PORT PROVENCE

| | | | |
|------------------------------|--------------------|--------------------------|--|
| CITY <u>NEWPORT BEACH</u> | STATE <u>CA</u> | ZIP CODE <u>92660</u> | AREA CODE/PHONE <u>949.759.9341</u> |
|------------------------------|--------------------|--------------------------|--|

MAILING ADDRESS (IF DIFFERENT)
P.O. BOX 11922, NEWPORT BEACH, CA 92658

OPTIONAL: FAX / E-MAIL ADDRESS

| | |
|-------------------------------------|---|
| COUNTY OF DOMICILE <u>ORANGE</u> | COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE |
|-------------------------------------|---|

2. Treasurer and Other Principal Officers

NAME OF TREASURER
RAYMOND J. ZARTLER

STREET ADDRESS (NO P.O. BOX)
1970 PORT PROVENCE

| | | | |
|------------------------------|--------------------|--------------------------|--|
| CITY <u>NEWPORT BEACH</u> | STATE <u>CA</u> | ZIP CODE <u>92660</u> | AREA CODE/PHONE <u>949.759.9341</u> |
|------------------------------|--------------------|--------------------------|--|

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 |
|------|-------|----------|-----------------|

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 29 Jan 2010
DATE

Executed on 29 Jan 2010
DATE

Executed on _____
DATE

Executed on _____
DATE

By Raymond J Zartler
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By Jes JH
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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CALIFORNIA FORM 410

INSTRUCTIONS ON REVERSE

Page 2

COMMITTEE NAME

LESLIE DAIGLE FOR NEWPORT BEACH CITY COUNCIL, 2010

I.D. NUMBER

1277702

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 "non-partisan."
- 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 |
|--|---|------------------|---------------------------------------|
| | | | <input type="checkbox"/> Non-Partisan |
| | | | <input type="checkbox"/> Non-Partisan |

- List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

| | | | |
|----------------------------------|-----------------|---------------------|------------|
| NAME OF FINANCIAL INSTITUTION | AREA CODE/PHONE | BANK ACCOUNT NUMBER | |
| UNION BANK | 949.644.3800 | | |
| ADDRESS | CITY | STATE | ZIP CODE |
| HARBOR VIEW 071, P.O. BOX 512380 | LOS ANGELES | CA | 90051-0380 |

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 |
| | | | |
| | | | |